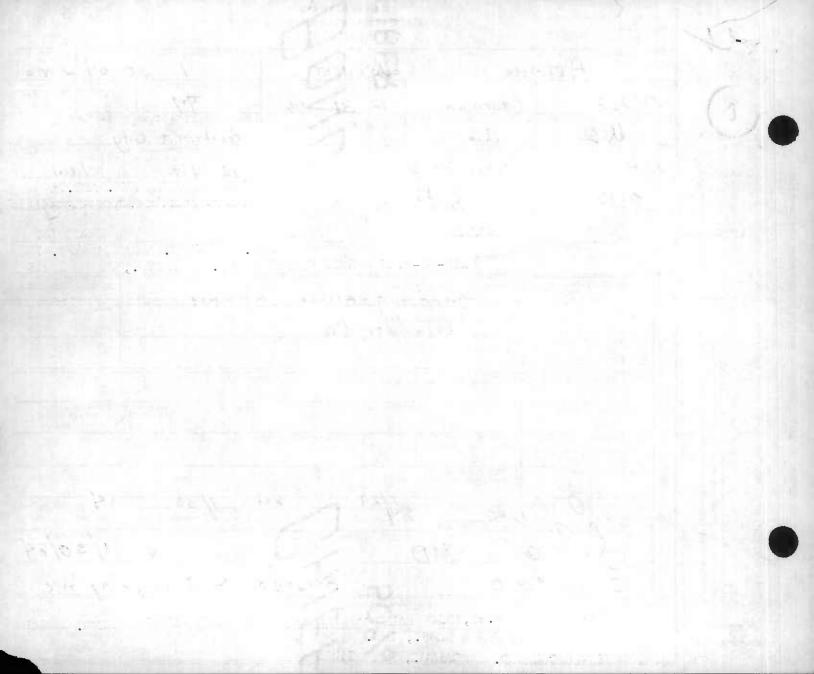
STATE OF MARYLAND



STATE OF MARYLAND

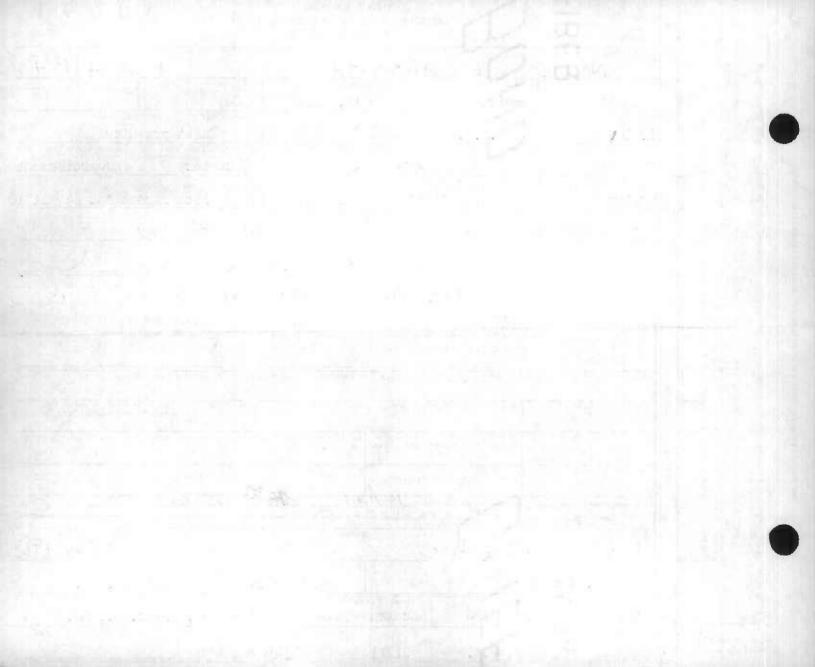
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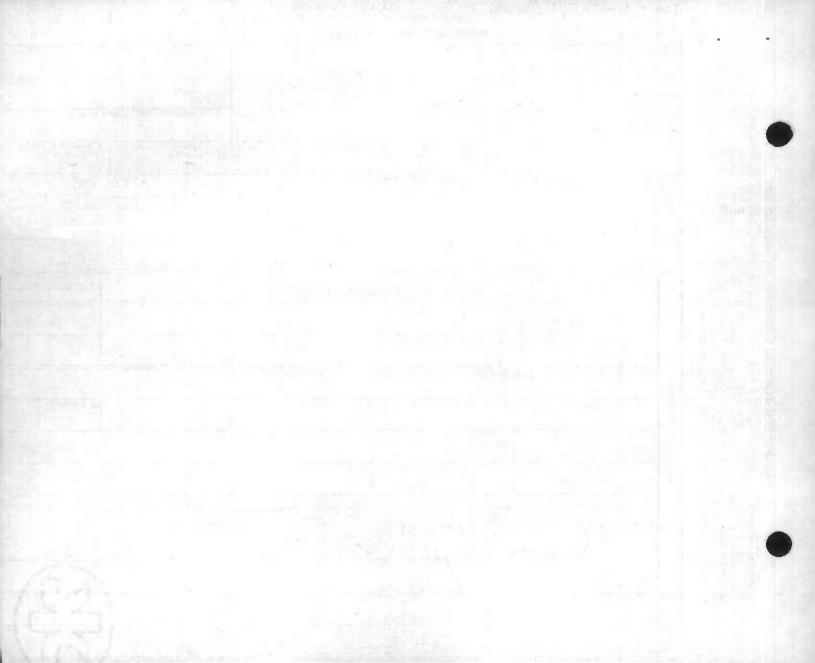
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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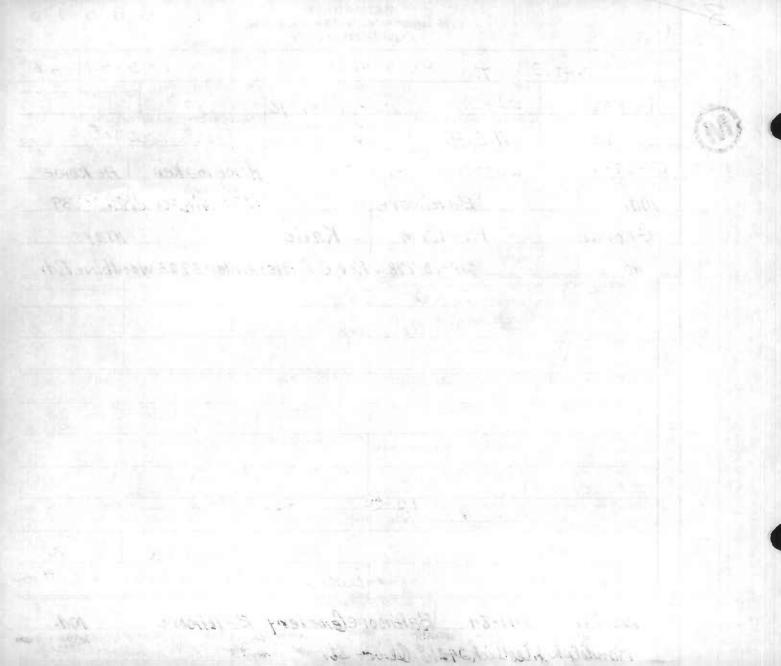
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ozecut nd co	dica		WAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCI	AL SECURITY NO.	17. INFORMANT	ADDRESS		
BALTIMOR cate be execusively signand	e medico		No	214	26 2152	William M. A	insworth Same	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	
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9 5 0 50	<u> </u>		228. SIGNATURE	Relardor	U	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	25 JAN 19	189
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of of s	<u>×</u>	23a	BURIAL, CREMATION, REMOVAL		23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	205 1346	_
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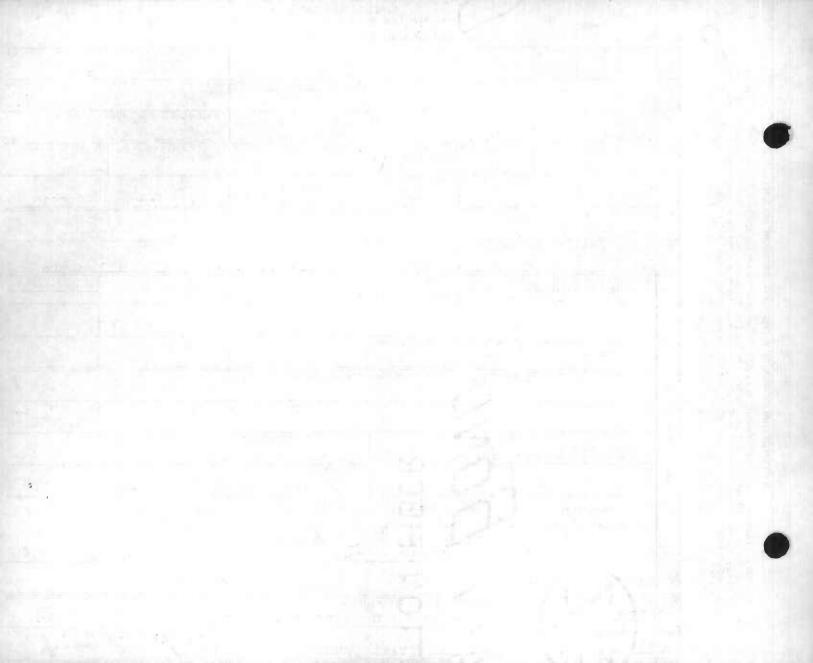
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		18 CAUSE OF DEATH (Enter on	y one couse per line fo	or (o), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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S K K O E S	5	WHILE NOT WHILE T	]	11, (20m, £16.)	STREET	CITY OR TOWN	COUNTY STATE
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EXAMINER: CERTIFICATION BE FOR: DIRECTOR: I, WITH THE: MARYLAND			al couses X	Aident . A Suicide	, Homicide	Undetermined manner	
EXAM CERTI ULD B DIRE WARY		10	NI	11 11	TITLE (SPECIFY)		
SHOU SHOU EATH, WEEN,	1	SIGNATURE COUL	us The	ugu new		nt_medical examiner	DATE SIGNED 1-22-84
NEW STATE		EXAMINER'S NAME		/			
TO MEDICAL EXAMENE CERTIFICATION OF THE CERTIFICATI		(TYPE OR PRINT) De	nnis F. Sm	妙th, M.D.	ADDRESS	lll Penn Street	
702749 824204	23a. Bl	JRIAL, CREMATION, REMOVAL 2		23c. NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
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DHMH - 17	1	INERAL DIRECTOR	ADDRESS		44.2.2.1	RECD. BY REGISTRAR 256. REC	SISTRAR'S SIGNATURE
(VR A15 ME (5))	S	chimunek Fune	ral Home	,3331 Breh	ms La 1212	213	



3	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 4 0	0 6 9 3
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equires that the death cer is signed by the ottending Then please remove carbo to buriol, cremation, or re njury, or ather fraumotice	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO E	e sepsus.	ainal disease or condition G	IVEN IN PART I to
The low rection.  If hos beer sst permit, rgiene prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? 'ES \( \text{NO} \)
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G PHY of the burner of the bur	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
A ATTENDIN hospital ar of RECTOR: Att red for use os pt. of Health em 21 is mor	H	saw the deceased alive on obove, (I) (we) (did) (did no	tol) attended the deceased from 19	19 83 , and that in (my) (our) opinion	death occurred on the date and ha	
T Doch D		226. SIGNATURE  Walli  226. PHYSICIAN'S NAME LIVE OF	(W)	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/6/84
TO HOSPITAL retained by the TO FUNERAL should be detroited by the Store with the Store MAPORTANT:	22	A melli	en	Lutheran He		ton Ave Balki
ВР		BURIAL, CREMATION, REMOVAL (SPECIFY)		ALLINONE COME TENY	Baltimore	county Nod. STATE
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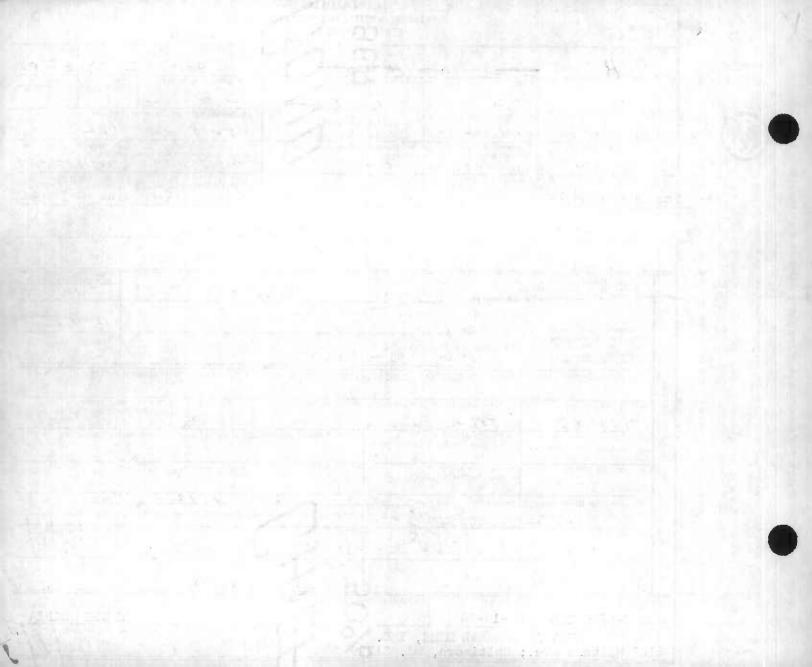
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1	Marylar			Balt	imore	YES X NO	2256 Ce	ecil Aver	nue 212:	18
14. 6	ATHER'S NAM	E	MIDDLE	LAST		15. MOTHER'S MAID	EN NAME	MIDDLE	LAST	
1	Dozier		В.	Alfo	rd	Wilma		L.	Gooden	
160.		DEVER IN U.S. A			SECURITY NO.	17. INFORMANT		ADDRESS	CCCUCII	
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	lying ca		(c)							
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ME	AT WORK	AT WORK	1101			2256 Cecil	Avenue, I	Balto., 1	Md.	
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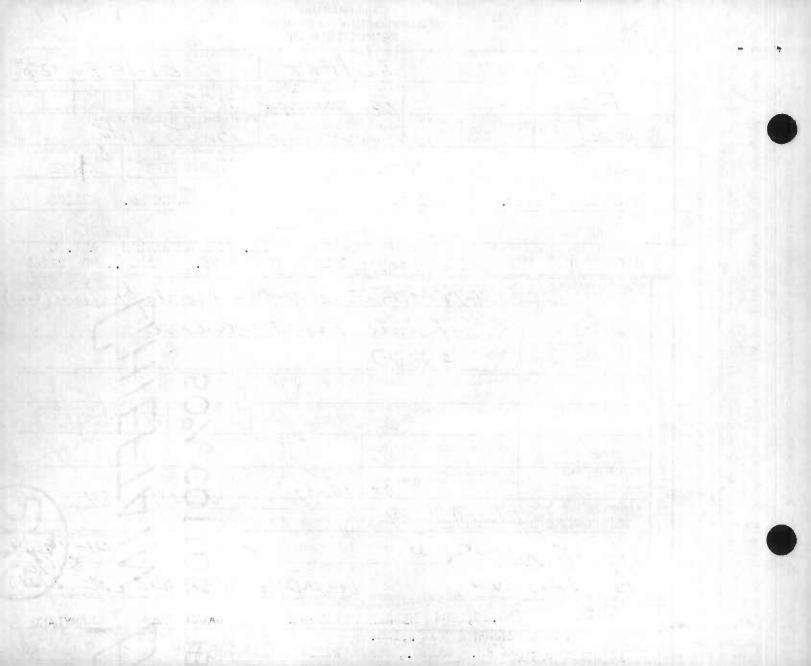
4	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8	00595
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Me oo	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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ath. Pagarth. Pagarth. 72 haund.	70 BIRTHPLACE (STATE OR FOREIG COUNTRY)  S. Carolina			BALTIMORE CITY OF COU	
offer de	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	17b. KIND OF BUSINESS OR
120 urs	BALTIMORE USUAL RESIDENCE (IE NURSING HO	OME OR OTHER INSTITUTION, GIVE RESIDENCE BEF			
MARYLAND 2120 ed within 24 hours mplessy filled in 52 and 2 should be fill more and a should be fill	130. STATE 13b	COUNTY 130 CITY OR TO	more YES X NO		CODE ou Street 21216
d within	Alexande	MIDDLE LAST	15. MOTHER'S MAIDEN NA FIRST Amanda	AME MIDDLE	Brown
0-	160 WAS DECEASED EVER IN U.			ADDRESS	DIOWII
BALTIMORE, ore be executed to per Pool to vol	(YES, NO OR UNKNOWN) UNKNOWN	es, GIVE WAR OR DATES) 218-07	7-0561 Elizabeth	F. Allen 92	4 Bentalou Stre
NG PHYSICIAN. The law requires that the death contending physician. If the this certificate has been signed by the attending of the burial-transit permit. Then please remove can the and Amenia Hygiene prior to burial, cremation, or hand a shaws any injury, ar other troumatic arked or them.	190 DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYIN	DUE TO, OR AS A CONSECUTION OF THE PROPERTY OF	O DEATH BUT NOT RELATED TO THE TERM  CH OPERATION WAS PERFORMED  111. HOW INJURY OCCUP	286 AU 00547 206 IN C	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \( \sum \) NO \( \sum \)
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TO HOSPITAL OR ATTE retained by the hospital TO FUNERAL DIRECTO should be detached for with the State Dept. 41 IMPORTANT: if them 23	saw the decessed all above, (1) (we) (did) (J. 27b. SIGNATURE 22d PHYSICIAN'S N. R.E.	ye on	DEGREE ATTENDING PHYSICIAN 22e ADDRASS	MEDICAL STAFF DIRECTOR PHYSICIAN	27c. DAE SIGNED
O Ho etain with the MPO		4106	1 Dun	11/1/cens	TOSARY
BP	230 BURIAL, CREMATION, REMI	CANADA CHINASANA	d. Name OF CEMETERY OR CREMATORY  Md. National Mem	Pk Laurel.	Md.
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AND 212		SIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN 136. CITY OR TOWN 128. PES  NO 12.	130 STREET ADDRESS / ZIP CODE 2109 & STREET	N, W 99999
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ST., BAL enthcate g physics despet rendwal event. It	18 CAUSE OF DEATH (Enter only one cause per 1 PART I. DEATH WAS CAUSED BY.  5 MMEDIATE CAUSE (a)	ine for 101, 161, and 101.)  A Cardio VASCULAR Colla	epse	BETWEEN ONSET AND DEATH
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DI projection TOR. At for use of of Health	22a. I certify that (I) (this hospital) attended the saw the deceased alive an above, (I) (we) (did) (did not new the bady is	19 and that in (my) (aur) apiniar	3 , ta / Z n death occurred an the date and hou	19, that (I) (we) last
At Of a view of the control of the c	77b. SIGNATURE	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED
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DHMH 16 50M 4/B3	4 FUNERAL DIRECTOR HUBBARD FUNERA	AL HOME, INC. 25a DA	ATE REC'D. BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE
(VRA 15, 4)	4107 Wilkens Ave.; Balti	Imore, Md. 21229 JA	IN 1 / 1984 Jaly	a la Camely



	FOR STATE REGISTR	AR		DEPAR	TMENT OF H	OF MARYLAND EALTH AND MEN CATE OF DEA	TAL HYGIEN	NE B	0 0	6 9	1
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AL RECO	RTIFIC	OF OPERATION			H OPERATION	WAS PERFORME		200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	CAUSES OF	USED DEATH?
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ATTEN Sspital SCTOR of for un		saw the deceased alive at	in 19 ) nat) view the bady after death.	and that in (my (our) opinian	death accurred on the date and haur	and Iram the causes stated
		27h. SIGNALURE	1 1	DEGREE	Reciplent	22c. DATE SIGNED
OR he h		111/1/12	-11- 111	ATTENDING	MEDICAL STAFF	11/6/616
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME 20. DATE OF DEATH MONTH YEAR 2b. HOUR Anderson TYPE OR PRINTS Jack Jack Lerson 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE UN YEARS LAST BIRTHDAY IF UNDER 1 YEAR MONTH DAY YEAR 23 79 7a. BIRTHPLACE I STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY WIDOWED I CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 7h KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Seafood Salesman Decour JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 2003 YES X NO F McHenry 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Anderson Lovie James 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN) LIE YES GIVE WAR OR DATES 213-36-5804 Baltimore, Md. Nellie R. Anderson No carcinoma, right lung 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),)
PART I. DEATH WAS CAUSED BY: 13 months IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Carcinoma, right NO [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY, OFFICE FARM, ETC 1 CITY OR TOWN COUNTY STATE NOT WHILE F-20 18 22a. I certify that (1) (this hospital) ottended the deceased from an 6 and that in (my) (aur) opinian death accurred an the date and haur and from the causes stated obove, (1)(we) (did) did nat view the ody ofter death 22b. SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should b 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE Jan. 10,84 Holly Hill Burial Cemeterly Bhite Marsh Balto 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 ADDRESS (VRA 15, 4) Fline Funeral Home Hampste

TRI PROPERTY SERVICES Contract of the contract of th calastes car commercial y Same and the same of the same Jan a country MD 122 South Company of the country may

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🛂 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN MONTH 7h HOUR (TYPE OR PRINT) ESTI-OF Murrel1 Anderson DEATH MATED 1619 84 SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IE LINDER 24 HRS DATE 0:24 (AST BIRTHDAY) PRONOUNCED DEAD 1984 Male 6 Black 10 b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED FOREIGN COUNTRY) Baltimore City WIDOWED DIVORCED Virginia CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Baltimore Lutheran Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 113h COUNTY 13c CITY OR TOWN 13d. INSIDE CITY FIMITS? 13e. STREET ADDRESS Baltimore Maryland NO . 1711 Baker Street 21217 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST John Anderson Clara James 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 166 SOCIAL SECURITY NO. ADDRESS 213-09-3420 Julia F. Anderson 1711 Baker Street APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if pny, which gove rise to immediate couse (b) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO. 216 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH PM 21e PLACE OF INJURY (AT HOME 214 INJURY OCCURRED 21f. LOCATION AT WORK NOT WHEE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFIER DEATH, WITH THE STATE I BALTWORE, MARYLAND, 21201 22a. I certify that Jook charge of the remains disuris Inspection and in my apinion Hamicide death resulted f Undetermined manner ACTUAL Deputy ChiefMEDICAL EXAMINER 1/17/84 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. portill Penn St. Balto. MD. 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY BURTAL 1/21/84 Cedar Hill Cemetery Anne Arundel BP Co. Md. JAN 1 O 1897 24 FUNERAL DIRECTOR **DHMH - 17** William C March F/H Inc. 1101 E North Avenue (VR A) 5 ME (5) 20M 4/82



FOR

- STATE

Altimore 12a USUAL OCCUPATION 12b KIND OF BUSINESS OR INDUSTRY HEBB TEANECK. N.J. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE , and that in (my) (our) opinion death occurred an the date and hour and fram the couses stated 22c. DATE SIGNED STAFF DIRECTOR PHYSICIAN BALTO CO., Md. 250. DATE REC'D. BY REGISTRAR 256/REGISTRAR'S SIGNATUR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH - 16 50M 4/82 (VRA 15, 4)

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STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH WILLE) MIDDLE YEAR 1. DECEASED NAME DAY 2b HOUR (TYPE OR PRINT) 05:42PM WTT.T.TAM 984 CARTER ASKEW JANUARY 4. RACE 5. DATE OF BIRTH 6. AGE [IN YEARS LAST BIRTHDAY] IF UNDER TYEAR 3. SEX DAYS HOURS MALE 1914 NEGRO 7a. BIRTHPLACE 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH (STATE OR FOREIGN MARRIED NEVER MARRIED U.S.A. DIVORCED A WIDOWED | BALTIMORE CITY 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 18. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ENGINEER (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) JOHNS HOPKINS HOSPITAL BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY BALTIMORE 134. INSIDE CITY LIMITS? MARYLAND ASHINGTON 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME JONAH MIDDLE MIDDLE BURDEN MAMTE LEE HOGGARD DRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-05-3460 WASHINGTON STREET APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c
PART I. DEATH WAS CAUSED BY: min diopulmonam IMMEDIATE CAUSE (a) ocardia Conditions, if ony, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse nertens 100 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION ung deseusea 10a AUTOPSY? 20b. IFYES, WERE FINDINGS USED 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE AT WORK 220.1 certify that (It (this hospital) attended the deceased fram saw the deceased alive on. and that in (my) four) apinion death occurred an the date and have and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 226. SIGNATURE DEGREE 22c. DAJE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN TO FUNERAL should be det with the State MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN BURDEN CEMETERY ORTANDER JR. F.H.BALTO. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 James Cranges on a Concelly! HUNTER'S F.H./RHUE ST./AHOSKIE, N.C. (VRA 15, 4)

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FOR

STATE OF MARYLAND

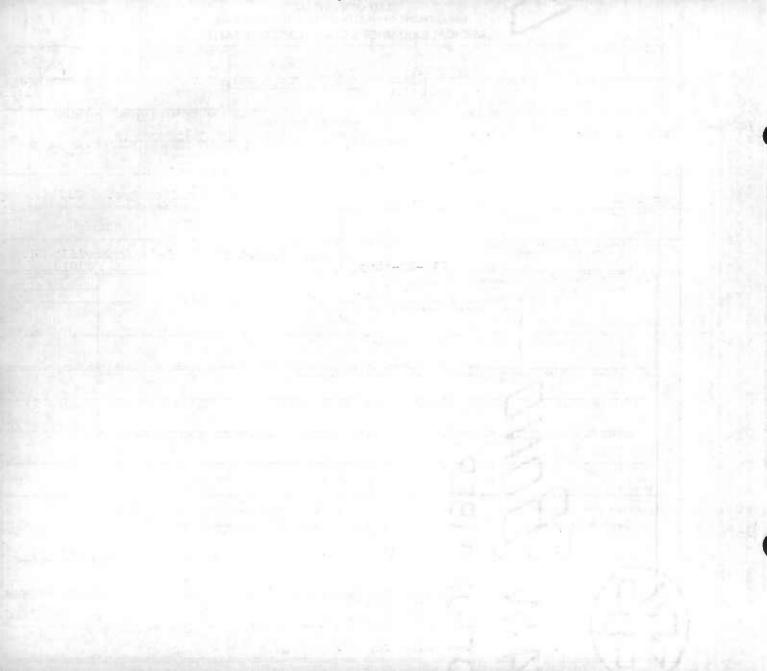
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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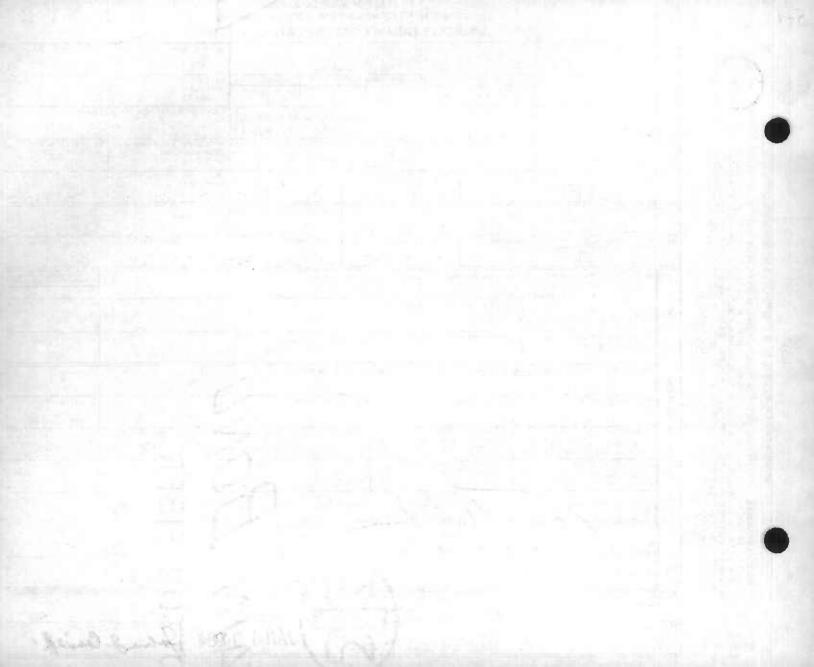
	- STATE REGISTRAR		MED	ICAL EXAMINER		OF DEATH REG.	NO.	
941	DECEASED NA	Maxir		OVELLA	Auvil	20. DATE KNOWN OF ESTI- DEATH MATED	□ 1-27 1984	26 HOUR
元主(5 )	emale	White	January 1	,1923 61 YRS.	IF UNDER 1 YR. IF UNDE	R 24 HRS. 20 DATE  MIN PRONOUNCED  DEAD	1-27 184	11:35 a. M
W	BIRTHPLACE FOREIGN COUNTR	ginia	U.S.A.	- ~	ARRIED A NEVER MAR	ced □ Baltimo	or County of DEATH	MD.
00	Baltin	nore	(IF NOT IN SUCH FACE	ITAL, NURSING HOME, OR LITY, GIVE STREET ADDRESS! Hamilton Ave		120. USUAL OCCUPATION (1 FOR MOST OF WORKING LIFE) Housewife	TYPE OF WORK 17b KIND OF BU OR INDUST	
13a	UAL RESIDENC . STATE aryland	13b. COUN		RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS?	3 STREET ADDRESS 2810 Hamilton	n Ave. 2121	1
20	FATHER'S NAMERIEST Ray		MIDDLE O.	Haller	15. MOTHER'S MAIL Wilma	MIDDLE	Murphy	
160	WAS DECEAS (YES, NO, OR UNK)	SED EVER IN U.S. AR	EWAR OR DATES)	212-22-6883	Mrs. Shar	rlet Clark 161	SS 19 Somerville 21014	Rd.
	PARTII		TE CAUSE (a) Art		c Cardiovaso	cular Disease	APPROXUMAT BETWEEN ONSE	
2	PART 2 OTHER	a) stating the <u>under</u> ause last.  SIGNIFICANT CONDITIONS	(c)	IS A CONSEQUENCE OF	DISEASE OR CONDITION GIVEN IN I	PART 1 (a).		
PRIOR TO BOUNDAL, CREMATION, OR REMOVAL	190 DATE O	OF OPERATION	196 CONDITI	ON FOR WHICH OPERATIO	N WAS PERFORMED?		20 AUTOPSY	9 NO <b>V</b> V
7	210 EXTERI UNDERLYIN CONTRIBU	NAL CAUSE WAS		NJURY MONTH DAY YEAR	TE HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM		
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4	220 Ice	rtify that I took char	ge af the remains descripted causes	ribed abave, held an A Accident , Suicide		Undetermined manner	ond in my apinian ], DATE SIGNED 1-27-	84
BALTWORE MARYLAND,	EXAMINER'	RINT) IMALC		orell, M.D.		Penn Street		
	Buria.		1-30-84	Bel Air Me	emorial Garde			yland
24	FUNERAL DIR		Ruck, Inc.	Baltimore,		N 30 1984	GISTRAR'S SIGNATURE	K.

20M 4/82

STATE OF MARYLAND



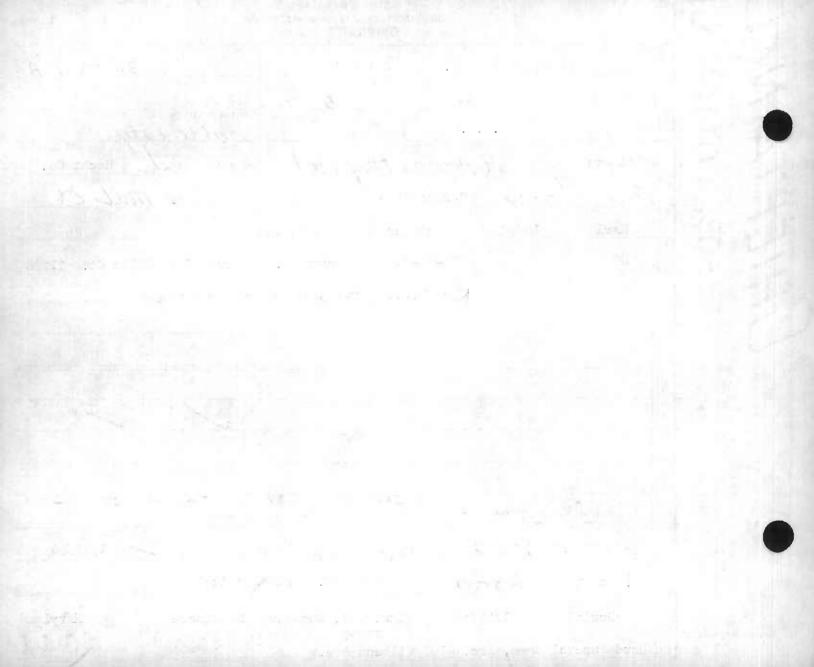
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2000	3. SEX		4 RACE	5 DATE OF BIRTH	H YEAR	6. AGE (IN YEA			UNDER 24 HRS	PRONOUN	NCED	MONTH	DAY YEAR	10:50A
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ANY D AND 3 RETAIN RECORD	13a. S	AL RESIDENCE I TATE aryland	13b COUN	OR OTHER INSTITUTION, NTY	13c. CITY	BEFORE ADMISSK OR TOWN timore		400	IMITS?   13e ST			212 Aver	202 nue 2nd	Floor
g niming	_	ATHER'S NAME		MIDDLE		LAST		15. MOTHER'S	MAIDEN NAM		AIDDLE	110111	LAST	11347
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HIN FR A NSIT EMAC	1		s, if any, which											
W.P. WILL		cause (a)	e ta immediate stating the <u>under</u>		R AS A CO	NSEQUENCE (	OF.							
CUTEC EXA BIAL ON,		lying caus	se last.	(c)										
L RECORDS, 201 W. PRESTON ST., ALTIMUL BE EXECUTED WITHIN 24 HOURS ATTERNOING" IN PENCIL IN TEM 18. GIVE P. F. MEDICAL EXAMINER ALONG WITH FOR BAS AS BURIALT PRANSIT PERMIT. PAGES HEALTH AND MENTAL HYGIENE, DIVISION, CREMATION, OR REMOVAL.	N O	PART 2 OTHER SIG	SHIFICANT CONDITIONS	CONTRIBUTING TO OFAT	IN BUT NOT REL	ATEO TO THE TERM	INAL OISEASI	E OR CONDITION GIV	VEN IN PART 1 (a).					
WITAL RESPONDE WORD FEE	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONE	DITION FOR	WHICH OPER	ATION W	AS PERFORME	D?	4			20 AUTOPS	Y?
DIVISION OF VITAL S CERTIFICATE SHOU RRITING THE WORD RDED TO THE CHIEF EST SHOULD BE USE E DEPARTMENT OF THE OUT PRIOR TO BUSINA	18	21a. EXTERNA			OF INJURY		21c. HC	OW INJURY OC	CURRED LENTE	R NATURE OF IN	BURY IN ITEM 1	ART LORPA	over b	
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- WANTER TO THE STATE OF THE ST		death resulte	ed fram Haty	de causes	Acuted	X// Su	cide 🗌	, Hamicide	Und	etermined m	anner .			
WAR WAR		ACTUAL	(//	1000	11/1/11	M		TITLE (SPEC				DATE	1/17/	0.4
SHE SHE		SIGNATURE_	W	wholl	11000	00		Deputy			MINER	SIGNE	1/17/	84
TO MEDICAL EXAMINER: THIS CERTIFE EXECUTE THE CERTIFICATE, WRITING TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE DEPARED FOR THE DEPARENT OF THE PERMIT WITH THE STATE DEPARENT OF THE PERMIT OF THE PER		EXAMINER'S IN	NAME NT)	Thomas D.	. Smit	h, M.D.		ADDRESS 11	Penn S	t. B	Balto.	,MD.		
	23a.8	URIAL, CREMAT	TION, REMOVAL	23b. DATE 1/20/84				R CREMATORY	CI	LOCATION	115	COU	NTY	STATE
BP		UNERAL DIREC	TOR	1/20/04	I	ar Arau	u ver		DATE REC'D.					
DHMH - 17 (VR A15 ME (5))	W	m C Mar	ch F/H 1	nc. 110	1 E No	orth Av	enue		IAN 1 S	1984	100	mg.	Carrie	R
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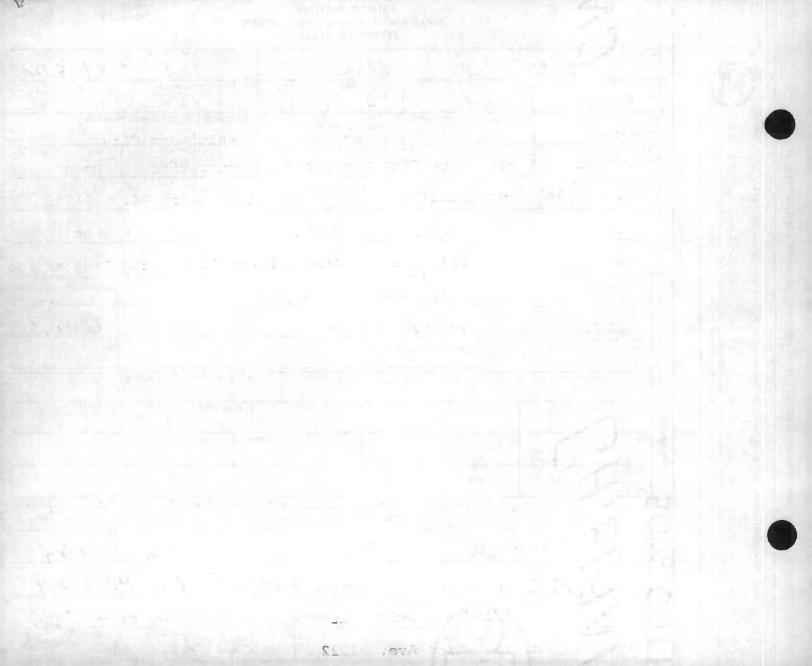
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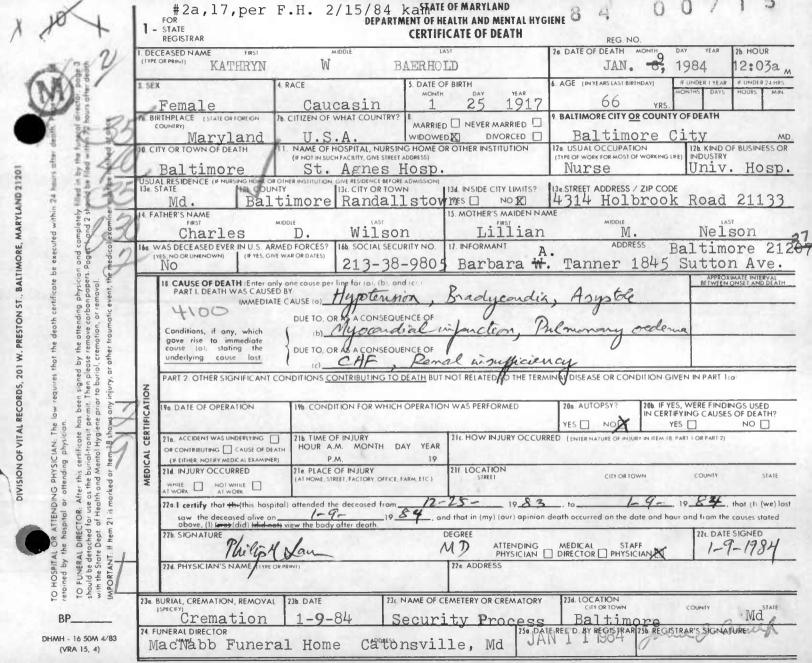
(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



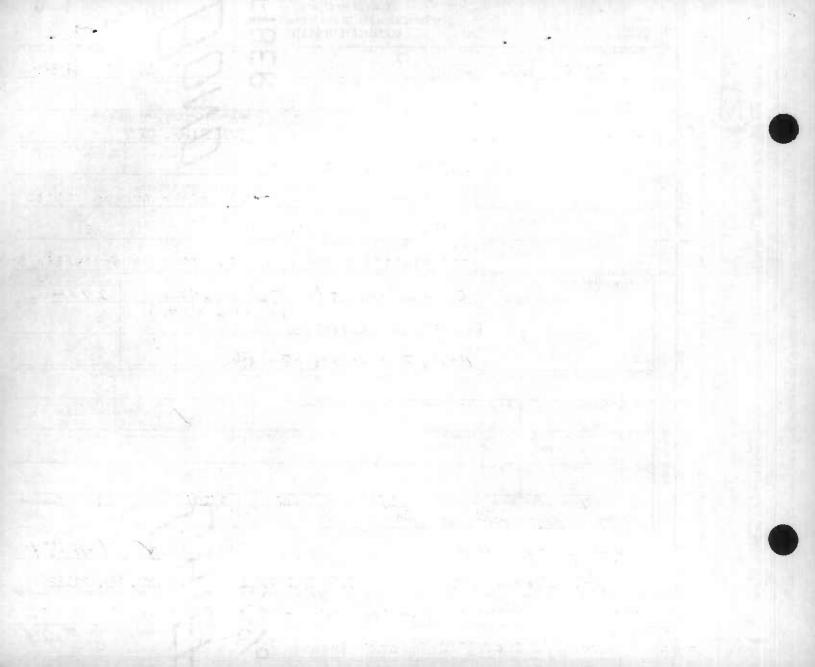
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26		CEASED NAME E OR PRINT)	HARY		A	BH	CK	2	O DATE OF DEATH	MONTH D	VEAR 84	26. HOUR 8:32AM
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AND 21:	130.	AL RESIDENCE (IF NUR.	Balti	erinstitution. More	Dund		13d INSIDE CITY LIM		. STREET ADDRESS	or Rd.	21	222
maryt.	V	ather's Name First aclay	MIDO			borka	Marie Marie	DEN NAME	MIDDLE		oubek	
be exect	160.	WAS DECEASED EVER YES, NOOR UNKNOWN)	IN U.S. ARMED			74-055	5 Sister	Lau	arentilla		Same	as 13e
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC. BALTIMORE, Executed within 24 hours oftending physicion and completely filled in the start this certificate has been signed by the attending physicion and completely filled in the start his certificate has been signed by the attending physicion and completely filled in the ord Mental Hygiene prior to buriol, cremation, or removal.	NO	Conditions, if ony, gave rise to immr couse (o), stating underlying couse	dediate g the lost.	DUE TO, OI	RAS A CON	SEQUENCE OF TIPLE C SEQUENCE OF	VAA	rest HE TERMIN	al disease or con	DITION GIVE		days
TALRECOR	CERTIFICATION	19a DATE OF OPERAT	101	19b. CONDI	TION FOR W	VHICH OPERATION	ON WAS PERFORMED		20a AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	GS USED OF DEATH?
PHYSICIAN: T ending physici this certificate he buriol-tronsi and Mentol Hygi d or Item, 8 sh	MEDICAL CER	21a, ACCIDENT WAS UND OR CONTRIBUTING CC (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR	AUSE OF DEATH ALEXAMINER)	21e. PLACE (	M. MONTH M. DF INJURY	H DAY YEAR  19  OFFICE, FARM, ETC.)	21c. HOW INJURY ( 21f. LOCATION STREET	OCCURRE	CITY OR TO		COUNTY	STATE
TO HOSPITAL OR ATTENDING PHY retoined by the hospital or ottendi.  TO FUNERAL DIRECTOR: After this should be detached for use as the by with the Stote Dept. of Health and MayORTANT: If hem 21 is marked or	2	WHILE NOT WHAT WORE  22a.1 certify that (1) saw the decease obove (11) well d  22b. SIGNA UPF	(this hospital) dialive an iii) (did nat) vii	ottended the	deceased	from Jan	DEGREE  ATTEND	DING	to Take  oth occurred on the di  MEDICAL STAI  DIRECTOR PHYSIC	FF \	and from the c	
PP	230. (	Burial, CREMATION, P	REMOVAL 2	3b. DATE 1/10	/84		CEMETERY OR CREMA Redeemer	TORY	23d LOCATION CITY OF TOWN Baltime	ore C	COUNTY	MD.
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 F	udä <sup>lme</sup> Ruck,	Inc.	7922	Wise	e Ave.	21222	JAN	1 0 1984	256. REGISTR.	AR'S SIGNATE	





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7	1/4	FOR		DEPARTME	THE OF MARYLAND F HEALTH AND MENTAL HYGIENE					10	
-B	1	STATE REGISTRAR			CERTIFI	CATE OF D	EATH		REG. NO.		
		CEASED NAME FIRST	MID	DDLE	LA	.51	- 10	20. DATE	OF DEATH MONT	H DAY YE	AR 26 HOUR
9 P	(TYP)	JAMES	EARL B	BAILEY					1	1.0 84	4:54P A
1	3. SE	X	4 RACE		S. DATE O			6. AGE (III	YEARS LAST BIRTHDAY)		YEAR IF UNDER 24 HRS
· (WAT)		Male	B1a	ck	1 2	2.6	0.5	00	79	YRS	JATS HOURS MIN.
2 13/21 14/2		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WI	HAT COUNTRY?	AA A ODICE	NEVER N	AAPPIED [	9. BALTIM	ORE CITY OR CO	UNTY OF DEAT	Н
E 14 E 2		larvland	U.S.	Α.	WIDOWE	D DN	VORCED [	BAI	TIMORE,	CITY	ME
1 11 1	8	ITY OR TOWN OF DEATH	(IF NOT IN SUCH F	OSPITAL, NURSING FACILITY, GIVE STREET AD BALT IMORE	DRESS)		ITUTION		L OCCUPATION ORK FOR MOST OF WOR		ND OF BUSINESS OR STRY,
STATE OF THE STATE		BALTIMORE AL RESIDENCE (# NURSING HOME O				21210					
24 hg	130.	STATE 13b. COU	NTY I	3c. CITY OR TOWN		YES TX			McCabe		21212
shot in	M a	aryland		Baltimo	re		MAIDEN NA		McCabe	Avenue	21212
within 24 hours pletely filled in bind 2 should be fill	1	FIRST	WIDDIE	Bailey			FIRST		WIDDFE	C.	a i 1
e de la companya de l	160.	James WAS DECEASED EVER IN U.S. AI		6b. SOCIAL SECURI	ITY NO	17. INFORMA	nie	-	ADDRESS	0.	1 1 1
Poges medic			VE WAR OR DATES)		100			. Kir	ng 1100	Pennsy	ylvania .
4		18 CAUSE OF DEATH (Enter o									PPROXIMATE INTERVAL
he death certificate the attending physici emove carbon paper emove removal. It froumatic event, th		PART I. DEATH WAS CAUS		Cardia	c 2/2	rest/	multis	le to	124 hrs.	2	9 hours
		4275		AS A CONSEQUEN	ICE OF		pre	cedry	a denth	)	
		Conditions, if any, which		eventrical		CHE					
PRE of he di		gave rise to immediate cause (a), stating the									
that the solution of the solut	100	underlying cause last.		Arrhu 4	L	i - hx of	- atum	tib.			
s on or		PART 2 OTHER SIGNIFICANT						IN AL DISE	ASE OR CONDITIO	N GIVEN IN PA	RT Ito
a sign Then to bu	Z										
been prior	2 4	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS					N WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
he lo	Ě							YES 🗌	2.	YES	NO [
HYSICIAN: The	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING		INJURY . MONTH DAY	VEAD	21c. HOW IN	JURY OCCUR	RED (ENTER	NATURE OF INJURY IN IT	EM 18 PART I OR PAI	RT 2)
D D D D D D D D D D D D D D D D D D D		OR CONTRIBUTING CAUSE OF DE	Ain		19						
NG PHYSICIAN: The law require other this certificate has been sign os the burial-troosit permit. Then though mental Hygiene prior to breed entitlem 18 shows on yinjunjungeneed on the ordest or the stows on yinjungeneed on the stows on yinjungeneed on the stows on yinjungeneed or the stows of the st	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OI	FINJURY		211. LOCATIO	N		CITY OR TOWN	COUN	TY STATE
DING PHYSICIA or ottending p After this certifie os the burial- ofth and Mental	X	WHILE NOT WHILE AT WORK	(AT HOME, STREE	ET, FACTORY, OFFICE, FAR	RM, ETC )	SINEEL			CIII ON TO-TIT		3.41
		220. Xcertify that XI) (this hasp	oital) attended the	deceased fram	1/4		19.84	, ta	1/10/	. 19_84	
TTEND pital a TOR: v for use of Hea		saw the deceased alive of above XIX(we) (did) XIX(X			4, an	d that in ()()(	(aur) opinian	death occu	red an the date ar	nd havr and from	n the causes stated
RE Ped tem		22h. SIGNATURE	CAT NEW THE BOOK OF	ner deam.		DEGREE				224. [	DATE SIGNED
		14,60	mn M	0			PHYSICIAN [	MEDICA	STAFF OR PHYSICIAN	V 1.	-11-84
SPIT SPIT SPIT SPIT SPIT SPIT SPIT SPIT	/	224 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRES		,			, ,
TO HOSPITAL Oretoined by the TO FUNERAL Discharge detact with the State Dimportant. If		14, 1	ann 1	mo		3900	LOCH RA	AVEN I	BLVD, BAL	TO. MD.	21218
5 5 5 4 W W	73a	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c NA	AME OF C	EMETERY OR C	CREMATORY	23d. LO	CATION		
BP		BURIAL	1/17/8	34 Gar	risc	on For	est V	A Ow	ing Mil	1s, COUNTY	Md.
A Commission of the Commission	24 F	UNERAL DIRECTOR		1					REGISTRAR 256. R		A STATE OF STREET
DHMH - 16 50M 4/83 (VRA 15, 4)	- W	m C March F/	H Inc. 1	1101 E	Vort	h Aver	iue II	N1	2 1984	to lung	& comers
(*, *)							1 07	111	1 (/		



1	1 -	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH A	AND MENTAL HYGI	ENE B CA REG. NO.	0 0 / 1 /
moy be	(TYPE	CEASED NAME FIRST OR PRINT) MARTH		BAILE	Y	0	04 84 11:10 F
ge 4 m	3. SE	EMALE	BLACK	5. DATE OF BIRTH	2 1917	6. AGE (IN YEARS LAST BIRTHD	WONTHS DAYS HOURS MAN
unerol dii nin 72 hou	7a. BI	OUNTEN CORFOREIGN	V.S.A	7? 8.  MARRIED NE  WIDOWED	VER MARRIED DIVORCED	Baltimore city or o	COUNTY OF DEATH
offer the fr	13	allo Citu	11. NAME OF HOSPITAL, NURS	ET ADORESS)	of Baltz	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	
filled in by fould be fill must be	USU/ 13a S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORM  TY  130, GITY OR TO		IDE CITY LIMITS?	13/STREET ADDRESS / Z	taga St. 2122
completely is	14. F.A	THER'S NAME LOUIS	MIDDLE Who Pile	2	NOYA	0 0010	Wheeler
n and car Pages		VAS DECEASED EVER IN U.S. AR		8 40 m	DRMANT Ba	lu 1322 W	Santon St.
anpopers. event, the		PART I. DEATH WAS CAUSE		1	rrest.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e deoth cert ottending i nove carbor nation, ar rer traumatic ev		1539	DUE TO, OR AS A CONSEO	UENCE OF ,	1	0.0	
hat the de by the att asseremov i, crematic ather trau		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO		inma	or colex	5/81
equires the n signed by Then plear to burial, injury, or a	Z	PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO			A	
n. nos been permit. ne prior ws any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS P	PERFORMED		106. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?  YES NO
PHYSICIAN: The ending physicio physicio this certificate I be burial-transit of Memoral Hygie dor Item 18 should be a purial sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	HOUR A.M. MONTH	DAY YEAR	W INJURY OCCURR	ED (ENTER NATURE OF INJURY I	N TEM 18 PART TORPART 2)
G PHYSI orthogonal orthogonal cand Mei ked or its	MEDICAL	21d INJURY OCCURRED  WHITE NOT WHITE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 10	CATION	CITY OR TOWN	COUNTY STATE
TENDING Poitol or other 170R: After 11 for use as the of Health and 21 is marked		22a.1 certify that (1) (this hasp	ital) attended the deceased from	84 , and that in	19 84 1 (my) aur) opinion d	eath occurred on the date	ond hour and from the causes stated
AL OR ATT the hospital AL DIRECTOR etached fo te Dept. of it frem 2:		22b. SIGNATURE	WW mb	DEGREE	ATTENDING	MEDICAL STAFF DIRECTOR ☐ PHYSICIA	
TO HOSPITAL of the stained by the TO FUNERAL Is should be detained the Store Important: If		22d PHYSICIAN'S NAME (TYPE OF MYRNA I.	Gorer	586 586	DDRESS		Dr. Balto, mu
PP	23a E	BURIAL, CREMATION, REMOVAL SPECIFY) Buria	23b. DATE 23	NAME OF CEMETERY		23d. LOCATION CITY OR TOWN	STATE STATE
OHMH - 16 50M 4/83 (VRA 15, 4)	24 FI	INERAL DIRECTOR	+ Con F.H. Taboress	1	250 DATE	REC'D. BY REGISTRAR 25	BEGISTRAT'S SIGNATURE

CTATE OF MARKIAND

FATH M Burney 119184 Maryland National Taxard Mal Leray O Dyetti Son F. H. Ibo. 460 Cloberty Heb. Prof

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENF - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20. DATE OF DEATH MONTH YEAR 2b. HOUR I. DECEASED NAME MIDDLE (TYPE OR PRINT) Frec BAILEY JANUARY 4. RACE 5 DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 3. SEX YEAR MONTH 1905 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY To BIRTHPLACE LSTATE OR FOREIGN MARRIED W NEVER MARRIED COUNTRY DIVORCED T BALTIMORE WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 17h KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFES INDUSTRY BALTIMORE JOHNS HOPKINS HOSPITAL FARE MAN OF USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) LIST COUNTY 13e.STREET ADDRESS / ZIP, CODE 30 STATE 13d. INSIDE CITY LIMITS? NO [ IMAMP DIXON 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE MIDDLE 띙 160 WAS DECEASED EVER IN U.S. ARMED FORCES? H (IF YES, GIVE WAR OR DATES) IYES NO OR UNKNOWN) Etta Bailey 2634E.B 0 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic).
PART I. DEATH WAS CAUSED BY: to2 IMMEDIATE CAUSE (a) m DUE TO OR AS A CONSEQUENCE OF In Faretion MUDCARdie Canditians, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a), stating the EXAM underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED AI. 196. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOK YES [ NO [ 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 19 LIF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from and that in (my) (aur) apinian death occurred on the date and haur and from the causes stated obove, (I) (we) (did) (did not) view the body after death 27h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN THE PROPERTY OF THE PROPERTY OF PROPERTY OF PROPERTY OF THE PERTY OF T 22e ADDRESS 23d LOCATION 230 BURIAL CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY COUNTY 24 FUNERAL DIRECTOR D. BY REGISTRAR 25b. REGI DHMH - 16 50M 4/83 (VRA 15, 4)

The same of the sa the state of the s The state of the s Mar Parimers 121 ERIMER 41213 Branch Comment Victorian Land Marine A. Line B. 18 MAT - The control of the Adoles And Adoles An

(VRA 15, 4)

STATE OF MARYLAND

free con the transfer of the transfer of in the device of the second HE . I CHI I S. !! the oles of the party of the pa TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages and 2 showith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

BP\_\_\_\_\_\_ DHMH - 16 50M 4 (VRA 15, 4)

the funeral director, page 3 awithin 72 hours ofter death

Male, Cau, 11-7-O) 82 YRS.  76. BIRTHPLACE (STATE OFFOREON COUNTY OF DEATH  Md. USA  18. CITIZEN OF WHAT COUNTRY?   MARRIED   NOVER MARRIED	{ TYPE		ur L. Bald	lwin Sr.	Lenare	25.0071	Jan-13	1984	EAR 26 HOUR
Make   USA	3. SE				MONT	H DAY YEAR		MONTHS	DAYS HOURS MI
Belto.    Second   Chestnut Ave.   Continued   Continu		COUNTRY)			MARRIE		~	COUNTY OF DEA	тн
Md.  Balto.  YES NO 3404 Chestnut Ave.  14 FATHER'S NAME PRIST  NO 3404 Chestnut Ave.  15 MOTHER'S MAIDEN NAME PRIST  NO 0 MINDLE  15 MOTHER'S MAIDEN NAME PRIST  NO 0 MINDLE  16 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GRE WAR OR DATES)  218-10-6916 Maurice A. Baldwin Sr. 9126 Old Harf  PART I. DEATH WAS CAUSED BY.  Conditions, if ony, which gove rise to immediate couse iol, stofing the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART  190 DATE OF OPERATION  190 CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING OF MAIL OF INJURY OR CONTRIBUTION CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  210. ACCIDENT WAS UNDERLYING OF CAUSE OF INJURY (IF EITHER NOTIFY MEDICAL EXAMINER)  210. PLACE OF INJURY (AT MONE ) AT MONE OF INJURY (AT MONE ) AT MONE AT MONE OF INJURY (AT MONE ) AT MONE AT MONE OF INJURY (AT MONE ) AT MONE AT MONE OF INJURY (AT MONE ) AT MONE AT MONE OF INJURY (AT MONE ) AT MONE AT MONE AT MONE OF INJURY (AT MONE ) AT MONE A	1	Balto.	(IF NOT IN SUC	Oh Chest	address)		(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDU	IND OF BUSINESS OF TRACK
THE THE TOTAL PART I CONDITION FOR WHICH OPERATION WAS PERFORMED    160 WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS     160 WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS     160 WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS     160 WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS     160 WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS     160 WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS     160 WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS     160 WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS     160 WAS DECEASED EVER IN U.S. ARMED FOR WAS DEATH OF INJURY   17 INFORMANT   18 INFORMANT   19 INF	USU/ 13a S		E OR OTHER INSTITUTION DUNTY	GIVE RESIDENCE BEFOR 13c. CITY OR TOW Balt	E ADMISSION) /N			nut Ave?	1239
18. CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c)	14 FA		MIDDLE	-1-4		FIRST	? MIDDLE		LAST
PART I. DEATH WAS CAUSED BY    Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.    DUE TO, OR AS A CONSEQUENCE OF									rford Rd.
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAT TEAR  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  21d. NOTWHILE NOT WHILE AT WORK  NOT WHILE AT WORK  ALMS. MONTH DAT TEAR  P.M. 19  21l. LOCATION  STREET  CITY OR TOWN  COUNTY	FICATION	couse (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN	( (c) NT CONDITIONS <u>CC</u>	ONTRIBUTING TO	DEATH BUT		200 AUTOPSY?	20b. IF YES, WERE I	FINDINGS USED AUSES OF DEATH?
AT WORK AT WORK		OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH D		21c. HOW INJURY OCCUP			NO [
sow the deceased alive on JAW 2 , and that in (my) (our) aprinian death accurred on the date and hour and from the above, (I) (we) (did) (did not) view the body after death.	MEDIC	21d. INJURY OCCURRED  WHILE ALL NOT WHILE ALL WORK  22a.1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did)  22b. SIGNATURE	21e. PLACE (AT HOME, STI	e deceased from	EVE.	nd that in (my) Jour) apinion  DEGREE  ATTENDING PHYSICIAN	to JANU 1	te and hour and fro	4. that (I) (we)

Day Indiana

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*	1.	FOR STATE	DEPARTMENT	TATE OF MAKTLAND OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	GIENE 8 4 0	0/21
orth orth		REGISTRAR  CEASED NAME FIRST OR PRINT!	WIDDLE	BALARK	REG. NO.	10 /84 26. HOUR 1:26
on a moy be the control of the contr	3. SE	× M	BLACK S.D.	ATE OF BIRTH AONTH DAY 2 YEAR 2 15 2.0	6. AGE (IN YEARS LAST BIRTHDAY)  4. 3  YRS	IF UNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
(M) 48	VA	RTHPLACE ISTATE ORFOREIGN COUNTRY) CKSONUILE FLA.	U.S.A. WID	RRIED NEVER MARRIED OWED DIVORCED	P BALTIMORE CITY OR COUN	M
6 11 12	1	Balto	11. NAME OF HOSPITAL, NURSING HO  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRES)	s)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	44 1
vin 24 hours by Hilled in Should be	13a.	Md 136 COU	R OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSINTY	YES NO		10UNT AVE
completely 1 and 2 sh		Eugene	MIDDLE Balark	15. MOTHER'S MAIDEN NA		riffin
be execu			YEWAR OR DATES! 241-14-30	21/11/2 /- 11	e Balark-3	237 NORMOUN
equires that the death certificat signed by the attending physis Then please remove actomoral to burial, cremation, or removal njury, or ather troumatic event, i	Z	Conditions, if ony, which gove rise to immediate couse to), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE (b)  DUE TO, OR AS A CONSEQUENCE (c)  CONDITIONS CONTRIBUTING TO DEATH	il cell hun	co-/pleupol F Can MAL DISEASE OR CONDITION O	COU
n. nos beer permit. ne prior	CERTIFICATION	19a. DATE OF ORERATION	196. CONDITION FOR WHICH OPER	ATION WAS PERFORMED	20a AUTOPSY? 20b. IF IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
ING PHYSICIAN. T attending physicians white this certification of the burial-traility and Mental Hyborked or Item 18	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE LIFETINER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE AT WORK AT WORK  22a.1 certify that At his hosp	HOUR A.M. MONTH DAY Y	19 211. LOCATION	CITY OR TOWN	COUNTY STATE
TO HOSPITAL OR ATTEND retoined by the hospital or ITO FUNERAL DIRECTOR: A should be detached for use with the Store Dept of Head MAPORTANT: If hem 21 is missing the property of the store		sow the decised citye of obover (I/ (we) (did)/did no 22b. SIGNATURE	Seely MD	DEGREE  ATTENDING PHYSICIAN [ 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	122. DATE SIGNED
Bb————————————————————————————————————		BURIAL, CREMATION, REMOVAL	1-15-84 231 NAME	OF CEMETERY OR CREMATORY  enderson len	23d LOCATION CARTINAGE	
DHMH - 16 50M 4/82 (VRA 15, 4)	24. F	ASA MORTON	1 J Cons 1901 /	AURIENS JA	N 1 3 1984	SISTRAR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

2b. HOUR

HOUR5

2:08 Pm

# UNDER 24 HRS

12b. KIND OF BUSINESS OR INDUSTRY

FURNITURE

1984

IF UNDER TYEAR

**KROUSE** 

moun PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

YES [

COUNTY

STATE

22c DATE SIGNED

PHYSICIAN DIRECTOR PHYSICIAN [

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

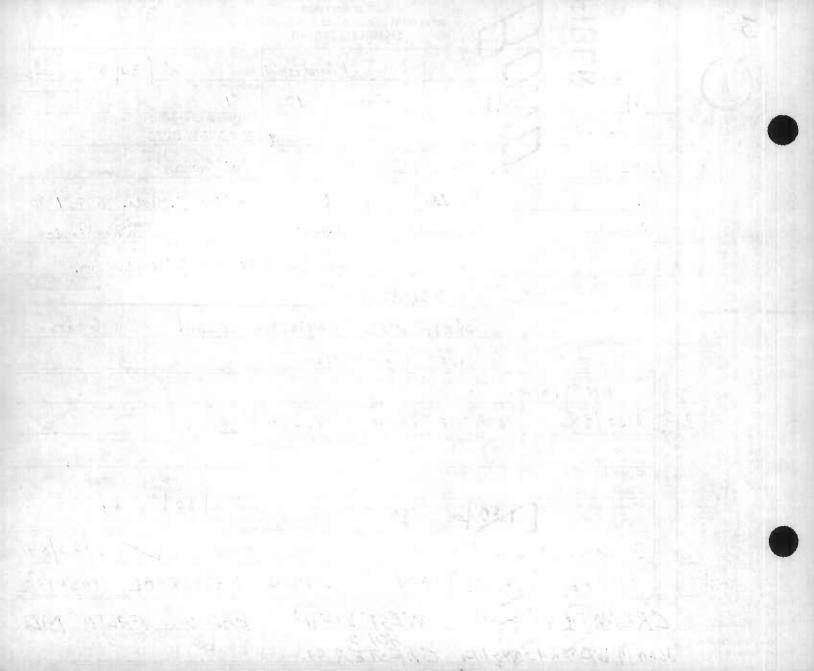
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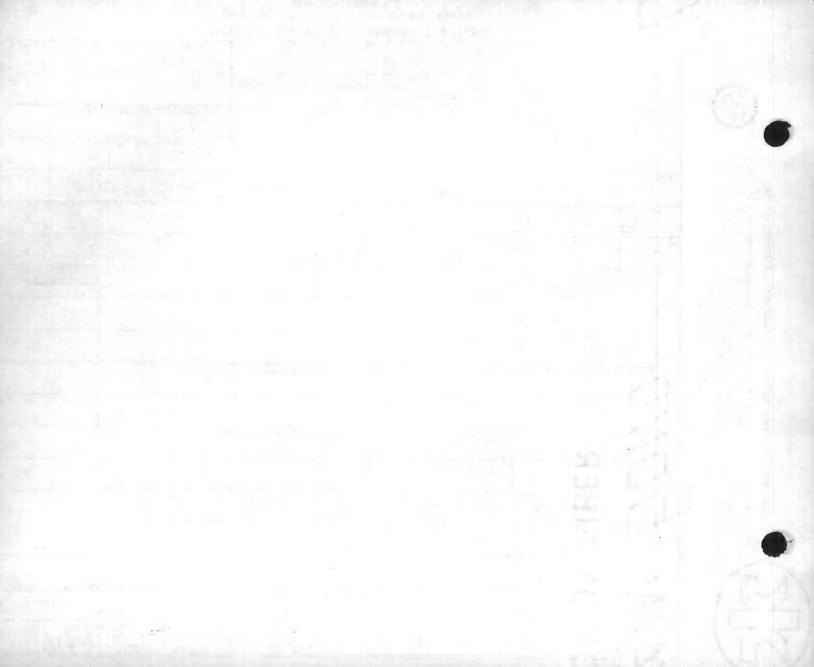
BALTIMORE, MARYLAND 21215 250 DATE REC'D. BY REGISTRAR'S SIGNATURE SOL LEVINSON & BROS. 6010 REISTERSTOWN ROAD

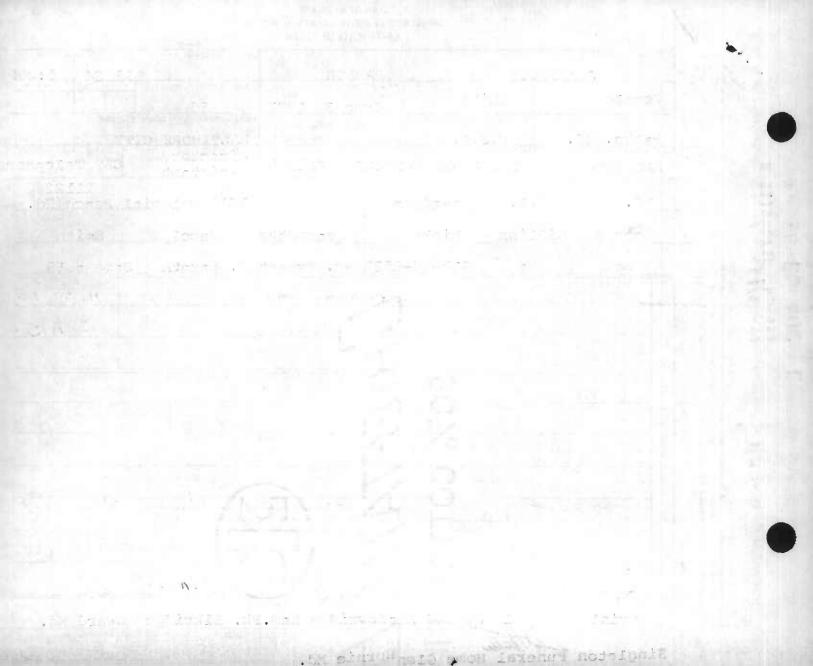
3	1.	FOR • STATE REGISTRAR	DEPARTM	NENT OF H	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	GIENE 8	0 (	0 / 3	3
of personal	{TYP	CEASED NAME FIRST E OR PRINT) MICHAEL	MIDDLE L.	BANI		2a DATE OF DEATH	1 30	786	139 pm
Poge 4 may be directly and thou call the second	3. SE	M	4 RACE	S. DATE O		6. AGE (IN YEARS LAST BIRT		- Contraction	UNDER 24 HRS OURS MIN.
# 25 W	7a. B	POLAND	76 CITIZEN OF WHAT COUNTRY?	8. MARRIE WIDOWI	D NEVER MARRIED DED DIVORCED	BALTIMORE CITY OF		FDEATH	MD.
offe dhe		ALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) UNION MEMORIAL	ADDRESS)		17g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	F WORKING LIFE)	126. KIND OF B INDUSTRY	USINESS OR
24 hour illed in ould be mu	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUP Md.			13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS /		. #605 2	2/230
and 2 and 2	14. F/	ATHER'S NAME ALexinder	MIDDLE Bandurski		Victoria	WE	Joi	miszkie	vicz
n ond Poges	16a \	VAS DECEASED EVER IN U.S. AR YES, 100 OR UNKNOWN) (IF YES, GI	MED FORCES? (E WAR OR DATES)	RITY NO.	James Bandur	ski 320 (o.	ss Uingte	on Ave.	
equires that the death certificate be signed by the attending physiciar. Then please remove corban papers, to burial, cremation, or removal. injury, or other traumatic event, the	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE  (b) PERFOR  DUE TO, OR AS A CONSEQUE  (c) LIVER  CONDITIONS CONTRIBUTING TO DE	NCE OF NCE OF CLRK	TRANSVER		DITION GIVEN	6 A	13-
he low randon.  hos bee to permit.  ene prior	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH PERFORATE TR. 1716. TIME OF INJURY	ANSVE		YES NO	IN CERTIFYII YES		S USED DEATH?
DING PHYSICIAN; To or ottending physicion after this certificate as the buriol-transition of the and Memo Hygi marked or hem 18 show the art of	MEDICAL	OR CONTRIBUTING CAUSE OF DEPLETE CHARLES OF DEPLETE CAUSE OF DEPLETE	P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FACTORY)	19	211 LOCATION STREET	CITY OR TOV	1	COUNTY	STATE  1 (1) (we) lost
TO HOSPITAL OR ATTEN retoined by the hospitol TO FUNERAL DIRECTOR: should be detectived for us with the Stote Dept. of He INFORTANT If Hem 21 is	4	22a. I certify that (1) (this hospi saw the deceased alive on above, (1) (we) (did) (did not 72b. SIGNATURE D. FLYELL 22d. PHYSICIAN'S NAME (TYPE OF SIFA HE F	PRINT)  FRESHETIAS		DEGREE  ATTENDING PHYSICIAN  22e. ADDRESS  VNION	death occurred on the do	ote and hour o	-	ses stated
BP	6	BURIAL, CREMATION, REMOVAL (SEGUR) EMATION UNERAL DIRECTOR			EMETERY OR CREMATORY	BALTO	0 13/	HID.	MIZ
DHMH - 16 50M 4/83 (VRA 15, 4)		PAN IN WEBERA	SONG INC. ADDRESS	401	- 1 mm pm	B 3 B84	C CONTRACTOR OF THE PARTY OF TH	AFUR	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) January 10, 1984 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH MONTH 7.97 2 White BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY CIT Minnesota DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY GILDER TYPE OF WORK FOR MOST OF WORKING LIFE TIMORE School Sys Mechanic USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 134. CUTY OR TOWN (50105) 130. STREET ADDRESS 13d. INSIDE CITY LIMITS? Story 102 So. Second Street Gilbert. XXON Iowa 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME HARLE M . NEORD 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN (Son in law ) DDRESS 7632 Third Ave. 166 SOCIAL SECURITY NO. (IF YES GIVE WAR OR DATES) Mr. Gerald L. Clouser Glen Burnie, MD No 484.16.4022 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Depsi Canditians, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG PART 2. OTHER SIGNIFICANT CONDITIONS CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. I certify that (1) (this hospital) attended the deceased from, 1984 saw the deceased alive an above, (I) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22b.-SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL Should be detor PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS COOKE ANOVERA 00 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Burial Jan.14.84 | Gilbert Cemetery Gilbert. Story 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 Singleton Funeral Home Glen Burnie. (VRA 15, 4)

	tott	1-	OR STATE REGISTRAR							NTAL HYG	DEATH	REG	G. NO.	) /	2 3
EASE FOR. ILES.	EET,	(TYPI	EASED NAME OR PRINTI	Linkfo	ord Is. date of Birth	MIDDLE M.	I. ACE ON	Bar EARS   IF UN			DE	ATE KNOW OF ESTI- ATH MATE	D .	5/84 19	EAR 26 HOUR
	2 // 6			olack	3 17	13	70 Y			FUNDER 24 H	PRON	DEAD	1/5/		956 A M
S FUNE W F W W F R	200	FOI	Va Va		US	A		WIDOW	ED 🗆	DIVORCED	Ba	altimo	re_Cit	EV.	MD.
DELAY IS IT TO THE F V PAGE 9 BE FILED,	8///		YORTOWN OF D Baltimor	е		Glen	wood A	ve.	ER INSTITUTI	ION 170		F WORKING LIFE	(TYPE OF WOR	OR INC	OF BUSINESS OUSTRY
ANY E AND 3 RETAIN	S C C C C C C C C C C C C C C C C C C C	USUA 130. S1	RESIDENCE (IF IN	NURSING HOME O	R OTHER INSTITUTION, GI TY		ORTOWN TIMOT		13d. INSIDE CIT	Y LIMITS?   13e	STREET A	odress Glen	wood	21239 Avenu	e
A HENYC	N N		THER'S NAME FRST George		MIDDLE WILL		Bank:		Lucy	R'S MAIDEN N	IAME	MIDDLE		Fi.	sher
	Noisivia		AS DECEASED EVI S, NO, OR UNKNOWN) Yes		WED FORCES? WAR OR DATES)		-07-6		Mari		Banks		RESS 3 Gl€		Avenue
RECORDS, 201 W. PRESTON ST., D BE EXECUTED WITHIN 24 HOUI FENDING" IN PENCIL IN ITEM 18, MEDICAL EXAMINER 12 ALONG WAS A 8 DURIAL -TRANSIT FERMIT	STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, 7, 21:201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	PART I DE ATH  Conditions, if gave rise to cause (a) stati lying couse lo	IMMEDIAT any, which immediate ing the under- st.	(b)	AS A COM	NSEQUENCE	OF OF							
F VITAL REC TE SHOUID E WORD "PEN HE CHIEF ME	BURIAL, CI	CERTIFICATION	190 DATE OF OPE		196 CONDIT		WHICH OPE			AED?		Of Bullion Bully Bully Bully		20. AUTO	
DIVISION OF VITAL RECORDS. THIS CERTIFICATE SHOULD BE EXEC., WRITING THE WORD. "PENDING" WARDED TO THE CHEF MEDICAL PAGE 3 SHOULD BE USED AS A BUB.	ATE DEPARTMEI 1201 PRIOR TO	MEDICAL CE	UNDERLYING CONTRIBUTING [ 21d. INJURY OCCU	XOR CAUSE OF D	HOUR A.M DEATH 9: 4526 21e PLACE C STREET, FACT	MONTH X 1/ OF INJURY		R SU	bject CATION TREET	stabbe	ед	OR TOWN		COUNTY	STATE
TO MEDICAL EXAMINER: 11 EXECUTE THE CERTIFICATE: PAGE 4 SHOULD BE FORW TO FUNRAL DIRECTOR: PA	EATH, WITH THE ST.		220. I certily the death resulted fro ACTUAL SIGNATURE	0	e af the remoins des al causes , ,	Accident		Autop bicide	Hamicie	Inspection D	]. Ind	quiry ,	ond in my	opinion	5/84
TO MED EXECUTI PAGE 4	AFTER D BALLING	230.BI	EXAMINER'S NAM (TYPE OR PRINT) JRIAL, CREMATION	Der	nnis F. Sr		M.D.				nn St.			1d. 212	
BP DHMH - (VR A15 N	17	24 FL	Burial INERAL DIRECTOR		1/10/84 ch F/H	Ga	arris	on Fo	prest		OW 1 P		N	1111s SSIGNATURE	Md
20M 4/		7 7 -1								77111	_ 100	1			7





\$ 6	FOR STATE REGISTRAR		DEPART	STATE OF MA MENT OF HEALTH A CERTIFICATE	ND MENTAL HY	GIENE B	0	0 /	2 /		
	1. DECEASED NAME	FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DA	YEAR	2b. HOUR		
1 11	(TYPE OR PRINT)	JOSEPHINE	I.	BARCL	AY	1114/8	4		2:50PM		
(#)/	Female	4 RACE White			3 VEAR	6. AGE (IN YEARS LAST BI		DATE DATE	IF UNDER 24 HRS		
m 72 H	7a. BIRTHPLACE (STATE O		76. CITIZEN OF WHAT COUNTRY?		VER MARRIED	9. BALTIMORE CITY S	DE DEATH				
44	DALTI 10R	(IF NOT IN 5	11. NAME OF HOSPITAL, NURSING HOME OR OTHER HYSTUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) UNION MEMORIAL HOSPITAL				120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  Retired				
A house and	USUAL RESIDENCE (IF NO 130 STATE Maryland	RSING HOME OR OTHER INSTITUTION 136 COUNTY	136. CITY OR TOV Baltimor	VN 1134 INS	IDE CITY LIMITS?	130. STREET ADDRESS 3838 Rolar		2121	1		
11300	14 FATHER'S NAME Charles	MIDDLE	Woltjen	500	HER'S MAIDEN NO FIRST anche	WIDDLE		Rudy			
index of the second figure to second coper. Pages novel with the medical with the medical control of the control of	160 WAS DECEASED EVE (YES NO OR UNKNOWN) NO	R IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	220-32-3		Charles		ESS 010 Kes iladelp		Road Pa. 1915		
	18 CAUSE OF DEA PART 1. DEATH	(TH (Enter only one couse p WAS CAUSED BY: IMMEDIATE CAUSE (a)					Nay 8	BETWEEN	MATE INTERVAL ONSET AND DEATH		
so that the depth ented by the offending please remove cortain, crimatian, or my, or other traumotice.	Conditions, if an	y, which ( (b)_	OR AS A CONSEQU	ENCE OF							
by the cose remains of cremo	gove rise to in cause (a), sta- underlying cau	ing the DUETO.	OR AS A CONSEQU	DENCE OF							
		F. LOPD	ONTRIBUTING TO	DEATH BUT NOT REL	ATED TO THE TER	MINAL DISEASE OR COM	ndition Give	N IN PART 1	a'		
OF VITAL RECORDS,  CLAN The Same equir  physical has been sign  full tigning prints. Then  full tigning prints and  full	OI VIII I I I I I I I I I I I I I I I I	ATION 196. CON		Oceation was a	ERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES		NGS USED S OF DEATH? NO		
CLUM. 1	210. ACCIDENT WAS U	CAUSE OF DEATH HOUR	OF INJURY A.M. MONTH D P.M.		W INJURY OCCU	RRED (ENTER NATURE OF IN)	URY IN ITEM 18 PAI	RT 1 OR PART 2)			

21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION COUNTY STATE CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from, saw the deceased alive an 1114 obove, (I) (we) (did) (did not) view the body ofter death

BP. DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR should be detached for use with the State Dept. of Hes

24 FUNERAL DIRECTOR

226. SIGNATURE

230 BURIAL, CREMATION, REMOVAL

"Cremation 1/18/84

23b. DATE

STROMBENO 23c. NAME OF CEMETERY OR CREMATORY Greenmount Cemetery

DEGREE

22e ADDRESS

ATTENDING PHYSICIAN

Hospital 23d LOCATION Baltimore

MEDICAL

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

STAFF PHYSICIAN

Maryland

22c. DATE SIGNED

14/85

250. DATE REC'D. BY REGIS 3818 Roland Ave. 21211 A. Alan Seitz, Jr.

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		Jacobson Teachard		
			Control of	
cale that y				

BP\_\_\_\_\_\_ DHMH - 16 50M 4/8

(VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar other traumatic

1.	FOR	DE		E OF MARYLAND IEALTH AND MENTAL HYGI	ENE 8 4	0 0	) /	2 8
1.	STATE REGISTRAR			ICATE OF DEATH	REG. NO			
1. DE	CEASED NAME FIRST	MIDDLE		LAST		MONTH DAY	YÉAR	2b. HOUR
(TYPE	EORPRINT)	1-00	Barre	in him o		1 3	84	250 AM
3. SE	X 4.	RACE	5. DATE O	OF 8 IRTH	6. AGE (IN YEARS LAST BIR		NDER 1 YEAR	IF UNDER 24 HRS
1	MAIL	White	MONTH 5	DAY YEAR 49	34	YRS.		HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COU	NTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
M	ARYLAND	U.S.A.	WIDOW		Balti no	u Cit	4	MD.
10.C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIV	E STREET ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATI	F WORKING LIFE)	NDUSTRY	F BUSINESS OR
USU	Utimore City	Since Ho	Spital		Dentis		SFIF	EMPI OVET
130.	AL RESIDENCE (IF NURSING HOME OR OT STATE NO COUNTY			13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	. 1	_	07.000
	ARYLAND	Bal	timore	YES NO I	6006 IV	ydee	Ierr	. 21209
14.17		OLPH BAR		FIRST	MIDDLE		LAS	70
16. 3	WAS DECEASED EVER IN U.S. ARMI		L SECURITY NO.	JANET 17 INFORMANT	BERTHA		LING	J.G
	YES, NO OR UNKNOWN) (IF YES, GIVE V	VAR OR DATES)						
	No	21/.5	50.3875	ROSEMARY BARE	NBURG SAM	E AS 13		IMATE INTERVAL ONSET AND DEATH
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last  PART 2. OTHER SIGNIFICANT CO		ISEQUENCE OF  ONOTINE OF LE	Ag NOT RELATED TO THE TERMI	NAL DISEASE OR CON	20b. IF YES, WIN CERTIFYING	ERE FINDIN	NGS USED
1 E		15 10 11 15			YES NO	YES [		NO 🗌
	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b, TIME OF INJURY HOUR A.M. MONT P.M.	H DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,		21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
13	220.1 certify that (I) (this hospital saw the deceased alive an above, (I) (we) (did) (did not)			nd that in (my) (aur) opinion d	eath occurred on the do	ote and hour an		that (I) (we) last causes stated
13	22b. SIGNATURE			DEGREE		<b>*</b>	22t. DATE	SIGNED
0-1	Strin L. Ballis			ATTENDING PHYSICIAN	MEDICAL STAI		1/3/	/84
	224 PHYSICIAN'S NAME (TYPE OR P	RINT)		22e. ADDRESS				
	STEVEN L. BALLAS		MB/WAIL	SINAL HOSPITAL				00000
230.	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	¢c.	YINU	STATE
CR	EMATION	1/4/1984	GREEN N	MOUNT CREMATOR		E,	M	ARYLAND
24 F	UNERAL DIRECTOR	40	DRESS	250 DATE	REC'D. BY REGISTRAR	256. REGISTRAR	SSIGNAT	URE
WA	LTER BROOKS BRAD	LEY, INC. DU	JNDALK, N	D. 21222 JAN	4 1984	Inter	2. Ca	march .

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P	1	4	2000	REGISTRAR			MIDDLE		AST			G. NO.	DAY YE		110
	1/	) [		EASED NAME	FIRST		D C	72 0			20. DATE OF DEA	TH MONTH		AR 2b. HC	
	7 68			u	MAR	1	2.	Day		rker	105	1-3	1-84	5.	
			1. SEX		1	RACE		5. DATE C		YEAR	AGE (IN YEARS L	AST BIRTHDAY)	MONTHS I	PAYS HOURS	ER 24 HRS
	1		1	Female	- (	auc	25/an		1-17-	3.3	30		RS.		
	( AA )	21		OUNTRY)	REIGN 76	CITIZEN OF	WHAT COUNTR	Y? 8. MARRIE	NEVER MA	RRIED -	BALTIMORE CI	TY <u>OR</u> COU	INTY OF DEAT	Н	
	100	4	-	MD		USA		WIDOWE	D DIVO	DRCED 🔀	Bait	mon		TY	MD.
	1 11 3	9	10 CI	Y OR TOWN OF DEAT	н 11		HOSPITAL, NUR CHEACILITY, GIVE STR		R OTHER INSTIT		120. USUAL OCCU		NG LIFE) INDUS	TRY CLO	VESS OR
102	54 /1	1	1	39 Timor	e S	outs	Balti	MONE.	sener	a/	SEAMS	TRES	\$ SE	DINUE	
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RYL	orthin	1//	FA	THER'S NAME	MIC	DOLE	LAST		15 MOTHER'S A	MAIDEN NAM	E MID	DLE #		LAST	
W	ond ond	44	/	JESSE		Re	din		C	ara		La	ndis		10.150
BALTIMORE, MARYLAND 2120	nd co	h		AS DECEASED EVER IN	U.S. ARME	D FORCES?	166 SOCIAL SE		17 INFORMAN	T	731	DORESS F	HOTTA	Cour	7
IW	n ond	1		NO			214-3	0-6055	ANU	AMPL	ES HA	MOVE	R MI	). al	076
SALI	ote l sicio			18 CAUSE OF DEATH PART I. DEATH WA	Enter only	one couse per	line for (a), (b),	and (c).)	0.00	-1511			BETY	PROXIMATE INT	TERVAL ND DEATH
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N.	ding or re			1870		DUE TO O	R AS A CONSEC	DUENCE OF							
EST	deot otter tion,			Conditions, if ony,		(b)_	Pleu		ftusion	4					
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5, 201	uires signe en pla o buri ury, o			PART 2. OTHER SIGNI	CANTCO	NDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATED T	O THE TERMIN	AL DISEASE OR	CONDITION	GIVEN IN PA	RT 1(o)	
DIVISION OF VITAL RECORDS,	A 15 4 5		CERTIFICATION												
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AL R	The ion.	4	RTIF		0	1.4					YES NO		YES 🗌	NO	
<u> </u>	IYSICIAN: T ding physici is certificate burial-transi Mental Hygi or Hem 18 sh	9		210. ACCIDENT WAS UNDER	Secure 1	HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJU	JRY OCCURRE	D (ENTER NATURE C	ASTI MI VRULMI TEA	M 18 PART 1 OR PA	RT 2)	
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OS	PHY ender this d M		AEDI	21d. INJURY OCCURRE			OF INJURY	E. FARM, ETC.)	21f. LOCATION	1	CHTY	OR TOWN	COUN	TY	STATE
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	OR be			375 SIGNATURE					DEGREE	TENDING	MEDICAL	STAFF	22c. [	DATE SIGNED	D
	7 = 7 = 9	1		Edding	a.	cans	Games)	ma	PH	TENDING TYSICIAN	MEDICAL DIRECTOR   PI			-31-	84
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	TO HOSPITA retained by TO FUNERA should be de with the Stot			Dr. B	erK	man			300	1 5.	Hanou	er.			The same
	Te tas Z			URIAL, CREMATION, R		236. DATE	I must be		EMETERY OR CR	0	23d LOCATION	1	OUNTY		61ATE
	BP			CREMA	Non	2/3	184	NESTVI	EWME		CATONS	SVILLE		0 (0)	Mo.
DH	IMH - 16 50M 4/82		24 FL	INERAL DIRECTOR	ra .	4	201 C	TCHIE.		CLL	REC'D. BY REGIS	TRAR 256 RE	GISTRAR'S SIE	NA LINE	ugh
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STATE OF MARYLAND

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Singleton Funeral Home, Glen Burnie, MD

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STATE OF MARYLAND

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1	1	4	FOR STATE REGISTRAR		STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 5 4 0 0 / 3 2
-			DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 25. HOUR
	ay be oge 3 death	1	TYPE OR PRINT)	RY J. B	ARTHEL	January 1. 1984 2 8 M
	pod er de	3.	SEX		5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
No.	ge 4		Female	White	May 12, 1899	84 yrs.
	Pod Pos	217	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH
	death Jun 77	4	MD		WIDOWED X DIVORCED	Baltimore City MD.
	The first	1/1	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AD		128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
201	filed filed	U.	Baltimore	Long Green Nur	rsing Center	Secretary St. of MD
10 21	24 hon	<b>あ</b>	e. STATE 136. COU		138. INSIDE CITY LIMITS?	136. STREET ADDRESS 1 E. University Pkwy, 21218
Ž	5 24 6		FATHER'S NAME	Baltimo	IS. MOTHER'S MAIDEN NA	
A K	mplete and 2	10	William	Owen Blocher	FIRST	Hughlett Banning LAST
RE, A	d con	2 16	WAS DECEASED EVER IN U.S. A	RMED FORCES?   166 SOCIAL SECURI		ADDRESS
IMO	Poge	1	(YES NOOR UNKNOWN) (IF YES, GI	220 05 5	732 Thomas P	Schmidt, Catonsville, MD
BALT	ote b spers ral. t, the		18 CAUSE OF DEATH (Enter o	inly one couse per line for (b), (b)	W	APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
ST., 1	a phy on po			ED BY: ATE CAUSE (o)	all he	earl allows
NO	ith ce corb i, or r		14292	DUE TO, OR AS A CONSEQUEN	ICE OF P. Pa, 1	17).
REST	dea nove otion		Conditions, if any, which gave rise to immediate	(b)	Crock	
¥.	by the		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUEN	ICE OF	
201	the sed by pleased by or o		PAPE 2 OTHER SIGNIFIC ANT	CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT BELATED TO THE YERA	MINAL DISEASE OR CONDITION GIVEN IN PART 110
ZDS,	quir Then to be	18		CONDITIONS CONTRIBUTING TO SE	ATT BOT NOT KEERTED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART 110
FCOI	beer prior	0)	190 DATE OF OPERATION	196. CONDITION FOR WHICH O	PERATION WAS PERFORMED	200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
AL R	The in period	/				YES NOX YES NO
Y Y	physical phy	11	OR CONTRIBUTION C CAUSE OF DE		YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
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DIVISION OF	PHY tendis the bu		WHILE NOT WHILE O	21s. PLACE OF INJURY (AT HOME, STREET, PACTORS, OFFICE, FAR		CITE OF OWN COUNTY MATE
20	OING or at After alth o			pital) attended fine decreased from	12/3 8	3 111 84
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	R AT hosp REC REC Feb 1. cep 1		276 SIGNATURE	of denthy load after death	DEGREE	22c DAYE SIGNAD
	by the by the ERAL DIII	-1	MICO	1 TE Greek	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN   1/3/84
	HOSPITAL med by if FUNERAL Jid be den if he State	7	224 PHYSIGIAN'S NAME (TYPE	OKERINT)	22e. ADDRESS	7 ///
	O HOSPITAL TO FUNERAL should be def with the State		Dr. William	G. Helfrich, M		nd Avenue, Balto., MD
	26 - 43 2	23	BURIAL, CREMATION, REMOVAL	1 1 1 1 1	ME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN COUNTY STATE
	BP		Burial	1/4/84 Lo	rraine Park	Balto., MD
	DHMH - 16 50M 4/82		FUNERAL DIRECTOR Henr	y W. Jenkinss. &	Sons Co.	TE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	(VRA 15, 4)	45	905 York Road	Balto., MD	21212	AN 3 1984 John & Cahelle

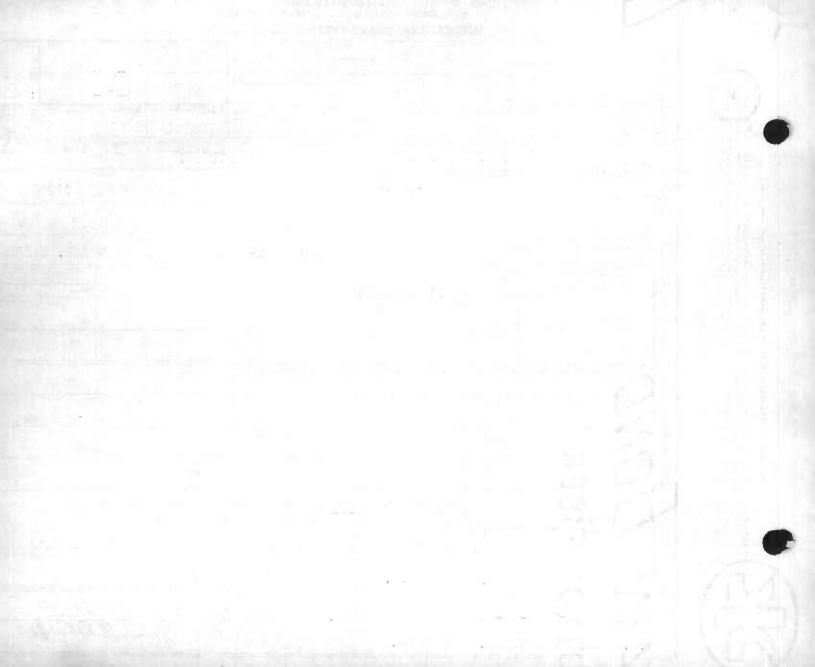
t at your to I SHATS LAND BREIT, STORY EM TO LES CHARLES manus of terror name and e Utimore y . 1 1 . University 600, 11 1 William tiwan elother tenna hughlatt pathone was The filling of thirty, N.E. Bott Folson Manua, Like, N. Bellin., Taylul Lorraine Harking Penro Johannes John Co. John Marie Von Co. L.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME FIRST 20. DATE OF DEATH MONTH DAY 26 HOUR (TYPE OR PRINT) Bartnik Garv 3. SEX 4 RACE S. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH Male White 50 TO BIRTHPLACE ISTATE OR FOREIGN **b** CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Md DIVORCED Baltimore City WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR Bal to Walrad Street Truck Driver-Monarch Prod DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13t. CITY OR TOWN 13. STREET ADDRESS Balto. . Md. P Md Balto S. Augusta Ave. #21229 104 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Bartnik, Sr Leo Anita B. Blair 17. INFORMANT4013 160 WAS DECEASED EVER IN U.S. ARMED FORCES Walrad St. Balto., Md. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Anita B. Bartnik No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY HRONIC ACTIVE HEPATITIES 12 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which to immediate gove rise stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION RRHOSIS OF LIVER 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES NO [ 21a, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 80 22a.1 certify that (1) (This haspital) attended the deceased from saw the deceased alive an\_ and that in (my) (one) opinion death accurred on the date and have and from the causes stated above, (1) (e) (did) (did not) view the body after death 22b. SIGNATURE DEGREE MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: should be 0 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) Buria] -21 - 84New Cathedral Cem. Balto Md 5151 Balto. Nat'l. Pike DHMH-16 60M 1/73 Schwab (VR A 15 (4)) #21229

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The state of the s	FOR STATE REGISTRAR				MENT OF	HEALTH		ENTAL HY CATE OF	DEATH		() { G. NO.	) / 5	3
Served to	1. DECEASED NA (TYPE OR PRINT)	CAF	RSON	WIDDLE		BATTL			D	OF ESTI- EATH MATE		21-8119	M
(25 to 1)	MALE	4 RACE BLACK	5. DATE OF BIRTH MONTH DAY 5 18	68	15 YF	MONTH	DER 1 YR.	IF UNDER 24	MIN. PRO	DATE NOUNCED DEAD	1-	-24-84 19	:04A
	70 BIRTHPLACE FOREIGN COUNTR MARYLAN	Ď	76. CITIZEN OF W			WIDOW	ED 🗆	VER MARRIED DIVORCED		Baltin	nore C		MD.
ELAY IS TO THE PAGE SOUTH	Baltim		11. NAME OF HOS (IF NOT IN SUCH F)  Sinai  OR OTHER INSTITUTION, G	ACILITY, GIVE ST	REET ADDRESS)		ER INSTITUT	TION		DENT		ORK 12b KIND OF OR INDU	BUSINESS STRY
LTIMORE, MD. 21201 AFTER DEATH. IF ANY DELAY IS VE PAGES 1, 2, AND 31 OTHE 1 FORM PM 3. RETAIN PAGE GES (AND 2 SHOULD BE FILLE SION OF VITAL RECORDS, 201	MARYLAND	) 13B. COUP	OR OTHER INSTITUTION, G	130 CITY BAL	OR TOWN TIMORE	ON)	13d. INS <b>ide</b> (i Yes			PEMBRO	OK AV	ENUE 21	207
DEATH. I DEATH. I GES 1, 2, AND 2 S OF VITAL	14. FATHER'S NAME OF THE PREST CLAREN	ICE	WIDDLE	BATT			PHÝ	R'S MAIDEN LISS	NAME	WIDDLE		TAYLOR	
SALTIMC S AFTER I GIVE PAI TH FOR PAGES VISION V	(YES, NO, OR UNK		RMED FORCES? E WAR OR DATES) nly one cause per line		IAL SECURIT	Y NO.	PHYL		<b>WKINS</b>		PEMBR	OOK AVE.	21207
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120) WER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY CATE, WRITING THE WORD "FENDING" IN PENCIL IN ITEM 18, GINE PAGES 1, 2, AND FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETA OR: PAGE 3 HOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES ? AND 2 SHOUL THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECOND.  ND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Condition gave cause lying c	tians, if any, which rise to immediate (a) stating the <u>under</u> cause last.	ATE CAUSE (o) DUE TO, OR (b)	AS A CON	SEQUENCE (	OF OF	OR CONDITION	N GIVEN IN PART	T (a).				
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MEDICAL EXAMINER: THIS COUTE THE CERTIFICATE. WHE CERTIFICATE. WE A SHOULD BE FORWA GE 4 SHOULD BE FORWA FREDEATH, WITH THE STATINORE, MARYLAND, 212	AT WORK	ertify that I took char ulted for Nan	21e PLACE STREEL, FAC  rge of the remoins de	so bed abo	ve, held an	Autaps	y XX, Hamic TITLE (S D. ASS I	PECIFY)	, Ir Undetermin	equiry , ned manner EXAMINER	□. D/	COUNTY  ny opinion  ATE 1-25  GNED 1-25	-84
BP DHMH - 17 (VR A15 ME (5)) 20M 4/82	RURIAL 24. FUNERAL DIR		23b. DATE 1-28-84 1721 N. N	wo	ODLAWN				23d LOCAT CITY OR TO BALT 1 CCO BY REC 3 0 191			MARY LAN	STATE D.



Wm C March F/H Inc. 1101 North Avenue

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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(VRA 15, 4)

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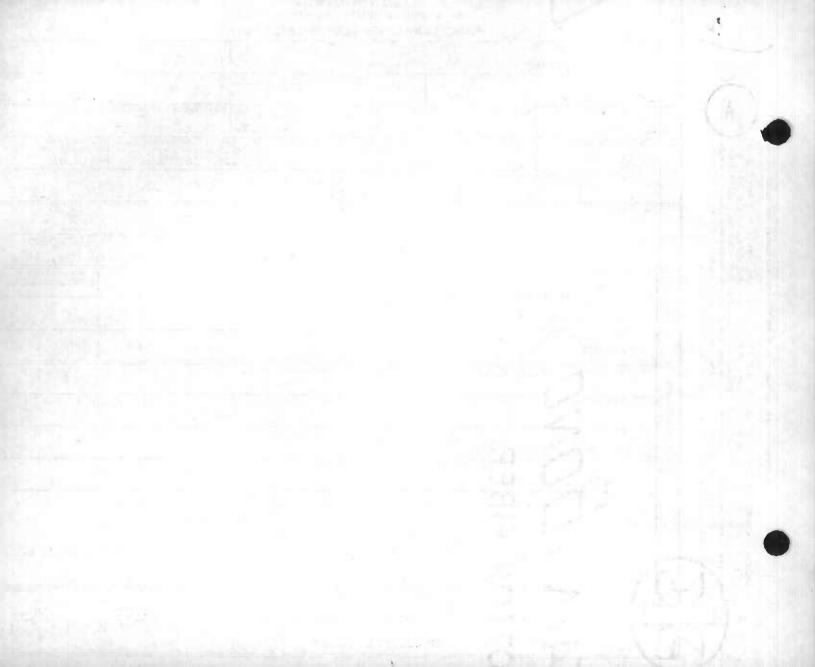
/	1	FOR STATE REGISTRAR		DEPARTMENT OF CERTI	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	0 / 3 8		
1		DECEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH DAY	YEAR 2b. HOUR		
-			elbert V. Bec			1-30-84	UNDER LYEAR OF UNDER 24 H		
3(13)	3	SEX	4 RACE White	5. DATE	0F BIRTH YEAR YEAR	6. AGE (INYEARSLAST BIRTHDAY) IF UNDER 1 YEAR IF MONTHS DAYS HE			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	70	BIRTHPLACE (STATE OR FOREIGN PENNSYLVANIA	U.S.A.	DUNTRY? 8. MARRI WIDOW	ED NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore (itu			
1	1 10	Baltimore	11. NAME OF HOSPITA	L, NURSING HOME GIVE STREET ADDRESS) 2 (LLL HOZ	or other institution	12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE) Retired	12b. KIND OF BUSINESS INDUSTRY Bethlehem		
24 hour filled in months	5 1	SUAL RESIDENCE (IF NURSING HOME O	NTY 130-CITY	OR TOWN	134 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 5511 Hilliop #	Steel Ave21206		
mplete and 2	14	FATHER'S NAME UNKNOWN	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	LAST		
n and can medicol	/ 16	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 16b SOC VE WAR OR DATES) 21	3-07-1598	Mrs. Theres	a Beane - 5511 His	Utop Ave. 21		
been signed by the price of the price of the price of	1	PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING [	CONDITIONS CONTRIBU	TING TO DRAID BU	warmy +C		I IN PART I to		
SICIAN: The land physicion. certificate has rial-tronsit per entol Hygiene them 18 shows	97	OR CONTRIBUTION C CALLES OF DE	ATH HOUR A.M. MO	Y NTH DAY YEAR	21c HOW INJURY OCCUR	YES NO YES YES RED (ENTER MATORE ON INJURY IN ITEM 18 PART	NO		
ING PHYSIC in attending After this ce as the buric lift and Men		AT WORK	21e. PLACE OF INJUE (AT HOME, STREET, FACTO	RY RY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE		
At OR ATTEND the hospital at DRECTOR; leadached for use one Dept. of Hem 21 is m		sow the deceased alive a above, (1) (Miches 122b SR) NATURE			DEGREE	death occurred on the date and hour o	and from the causes stated		
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O HOSPITAL  Trained by the O FUNERAL  O FUNERAL  Hould be detented to the Stote of MANORIANT:		DONAD W	MINTE	FRMD.	3009 FNFR	GREEN ME BI	right 21.		
TO HOSPITA retained by TO FUNER, should be d with the Sto	23	BURIAL, CREMATION, REMOVA	MINTE		BOOG FUER CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY STATE		

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - SPATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH **HEGISTRAR** Unkn. REG. NO DECEASED NAME 20 DATE KNOWN X MONTH DAY 2b HOUR (TYPE OR PRINT) ESTI-Sydney DEATH MATED Beaudry 1/22/849 4 RACE I. SEX & AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IE LINDER 24 HRS 8 :53R DATE LAST BIRTHDAY PRONOUNCED Male 28 55 Cau. DEAD 1/22/849 P TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED OREIGN COUNTRY Canada U.S.A. DIVORCED X Baltimore City WIDOWED [ 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Food Service Chef Baltimore 306 W. Franklin St. USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 138. INSIDE CITY LIMITS? 138. STREET ADDRESS YES X NO \ 300 W. I 13n STATE 113b. COUNTY 13c. CITY OR TOWN Baltimore Franklin St. 21201 Md. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Smith Ludger A. Beaudry Suzanne Anna 17. INFORMANT ADDRESS 873 Clopper Rd 16a. WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 261-58-7607 Louis S. Beaudry Gaithersburg, Md. No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OB CONDITION GIVEN IN PART LIG ED AS A HEALTH 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO T 216 EXTERNAL CAUSE WAS 216 TIME OF INJURY 214 HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM IS PART LOR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY JATHOME 21f LOCATION 21d INJURY OCCURRED AT WORK AT WHILE STREET, FACTORY, FARM, ETC. 1 CITY OR TOWN STATE COUNTY Inspection X 22a. I certify that I took charge of the remains described above, held on Autopsy Natural causes X death resulted fram: Homicide Undetermined manner TITLE (SPECIEY) Assistant 1/24/84 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Cremation 1-28-84 Baltimore Security Md. Process Ind BP 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** MacNabb Funeral Home Catonsville.Md (VR A15 ME (5))

20M 4/82

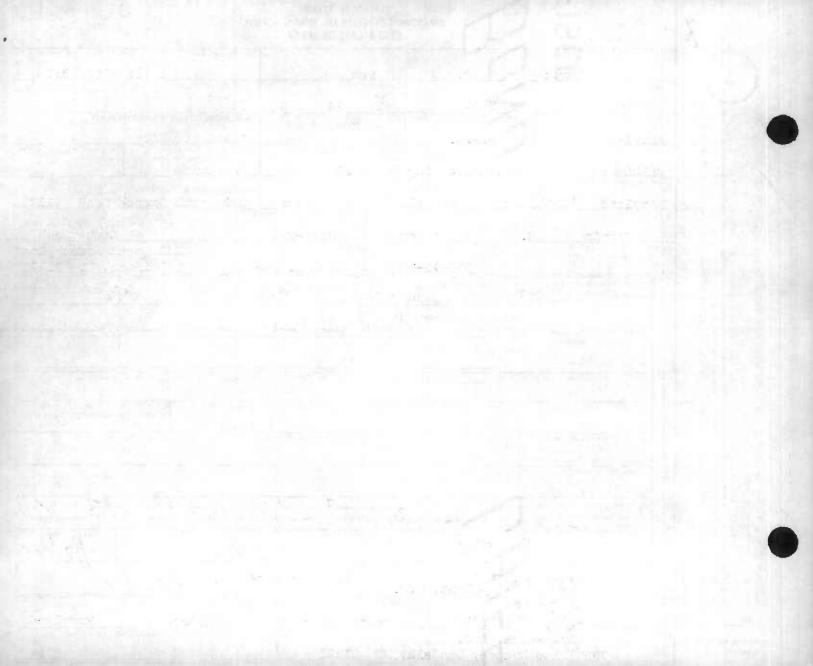
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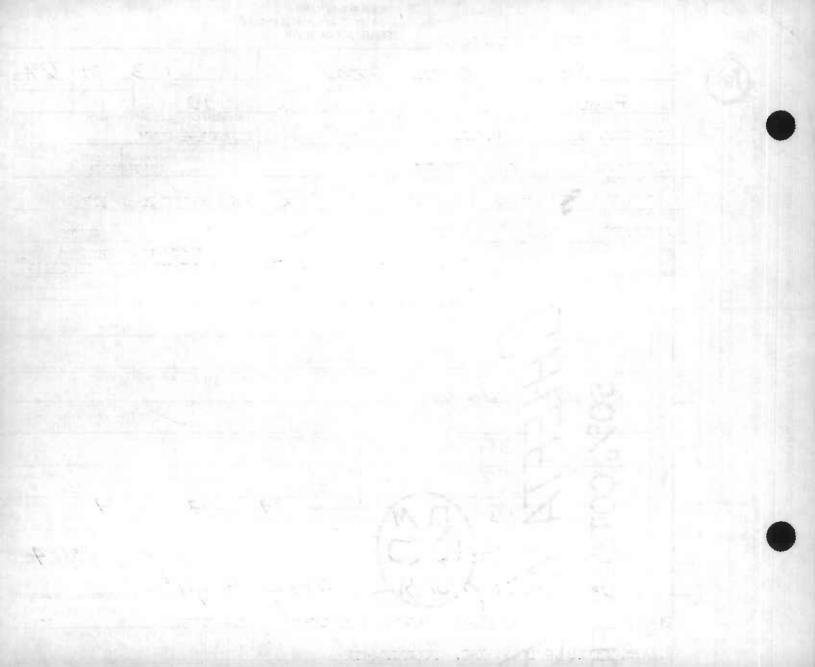
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Ì	D. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	STREET ADDRESS)		120. USUAL OCCUPATION ( OR MOST OF WORKING LIFE)	TYPE OF WORK 12b. KIND O OR IND	
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/		VAS DECEASED EVER IN U.S. ARI ES, NO. OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	OCIAL SECURITY NO.	Chickenant	- DR ADDRE	Apt5	21225 + C+
ļ	-	NO CALISE OF DEATH /F-A	DIO	0-12-3673	11115,311	rkey Dennell	902U Lexing	MATE INTERVAL
1		PART I DEATH WAS CAUSE		ntravenous	Narcotism	0	BETWEEN	ONSET AND DEATH
1		3049 IMMEDIA	TE CAUSE (a)	NSEQUENCE OF	77			
1	П	Conditions, if any, which gave rise to immediate	(b)					
		cause (a) stating the <u>under</u> - lying cause last.		INSEQUENCE OF				
1			(c)					
1	Z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RE	LATEO TO THE TERMINAL DISEA	ASE OR CONDITION GIVEN IN PA	RI 1 (a).		
7	CERTIFICATION	190. DATE OF OPERATION	20 AUTO	PSY?				
	TIFIC						YES	ON NO
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		death resulted frame. Natur	rol couses A Lagder	Survide L	Homicide .	Undetermined manner	].	
		ACTUAL A G	( Athan	Jela n/1	TLE (SPECIFY)		DATE	
n		SIGNATURE CECLE	us XIM	egrecing	M Assistan	MEDICAL EXAMINER	SIGNED_1/5	/84
4		EXAMINER'S NAME DE	ennis F. Smyth	M.D.	_ADDRESS 111	Penn St., Bal	ito., Md.212	01
1	23o BI	URIAL, CREMATION, REMOVAL	236. DATE	NAME OF CEMETERY	OR CREMATORY	23d LOCATION	COUNTY	CSTATE /
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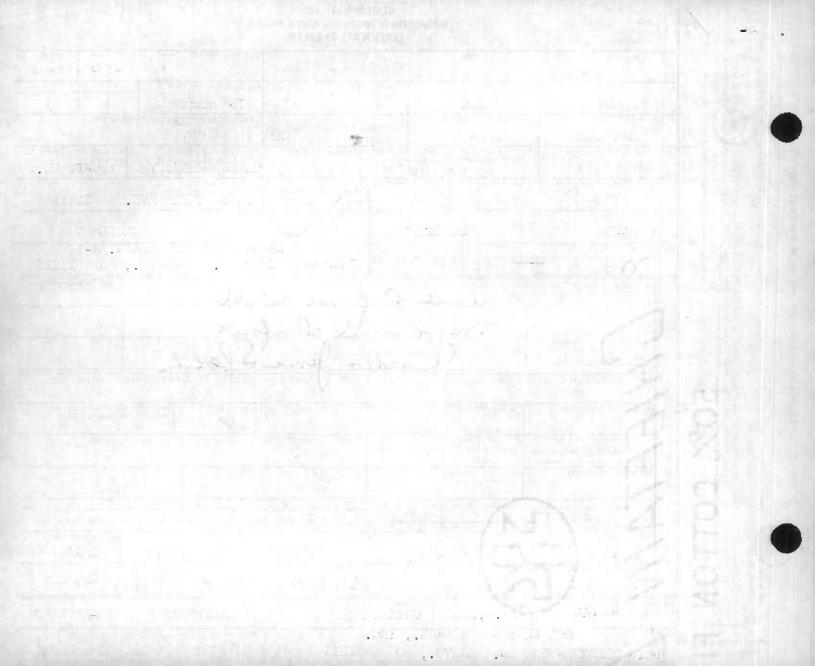
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be be s. Pc		No				William (	77055	3/09	pennlyn	NO doloys
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I. RECO	FICATION	190 DATE OF OPERATION	19b. CONDITIO	N FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	11	Db. IF YES, WERE FIN CERTIFYING CAUS	SES OF DEATH?
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PHYSICIAN Thysician physician certificate build-strons and mental Hyginal dar Item 18 sh	_	OR CONTRIBUTING CAUSE OF DE		MONTH DA	YEAR	21c. HOW INJURY OCC	UKKED (ENTER NA	URE OF INJURY IN	ITEM 18, PART 1 OR PART	2)
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SIOI PHY andir this d A d A	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF	INJURY FACTORY, OFFICE, F.	ARM FTC )	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
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ID III Or		220.1 certify that (1) (this hasp	ital) attended the d	eceosed fram_	/11	. 19	to_	1/2	1904	, that (I) (we) last
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R ATT hospin ned fo spt. of tem 21		obave, (1) (we) (did) (did n 22b, SIGNATURE	ot) view the body atte	<u>er death</u>	1,00	DEGREE				SIGNED.
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PITAL by the ERAL e dets Stote ANT:		22d. PHYSICIAN'S NAME (THE	- Jen	y acting	1 /		DIRECTOR	PHYSICIAN	1 /	18127
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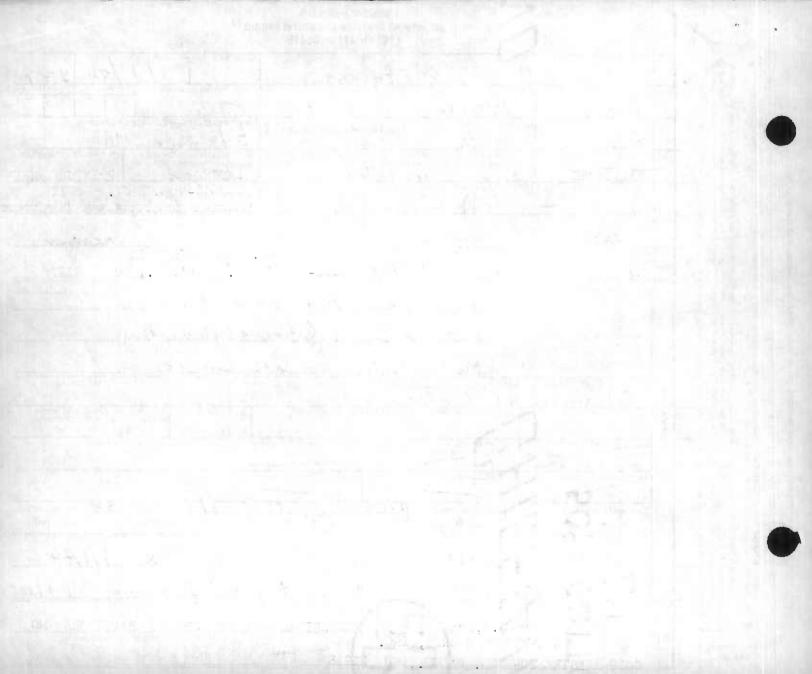
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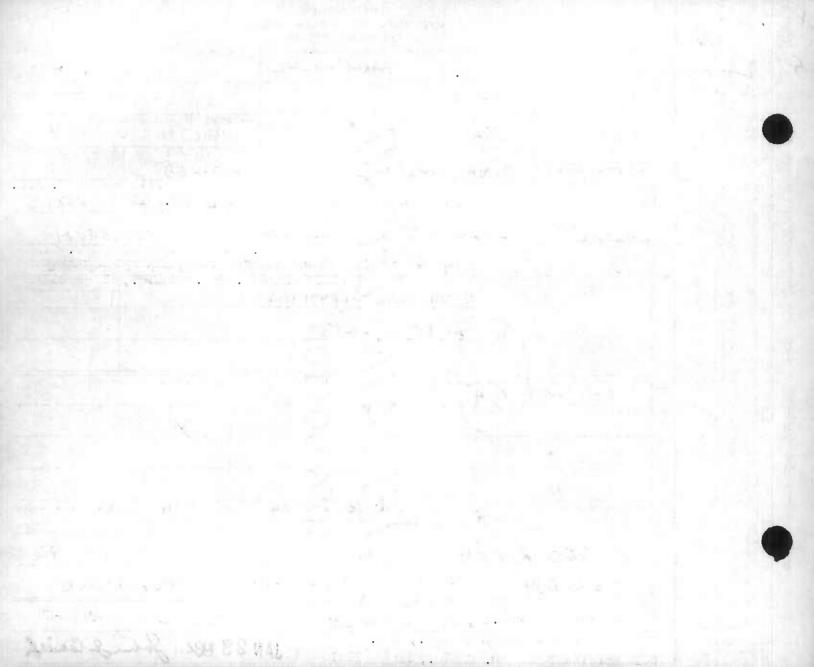
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y be ge 3 Jeath		CEASED NAME FIRST SHIRLE	WIOOFE	BERMAN	REG. NO.  20. DATE OF DEATH MONTH DATE  1 - 4	YEAR 26. HOUR 5:09 P
e 4 moy	3. SE		4. RACE  WHITE	5. DATE OF BIRTH	70 8 VV	UNDER TYEAR IF UNDER 24 H
or Pool	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76. CITIZEN OF WHAT COUNTRY?	(	9. BALTIMORE CITY OR COUNTY O	FDEATH
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on ond co		WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 2/5-0			MD 21215  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEA
equires that the death is a signed by the ottendi. Then please remove car to burial, cremation, or injury, or other traumati			DUE TO, OR AS A CONSEQUE OF THE CONDITIONS CONTRIBUTING TO	sarul for	Shoel ERMINAL DISEASE OR CONDITION GIVEN	I IN PART 1(a)
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DHMH - 16 50M 4/82 (VRA 15, 4)		NAME	LEVINSON & BROS.		DATE REC'D. BY REGISTRAN 256 REGISTRA	R'S SIGNATURE



To Deceased Name    To Deceased Name   Total	1 0	U /		EALTH AND MENTAL HYG	DEPARTMENT OF		FOR STATE REGISTRAR	1 -	10		
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11 47			R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	711	II PARK HTS. AV
1 11/10/	130.	STATE 136. COU		IN 13d. INSIDE CITY LIMITS?	PARE ATOWS	10 0 21715
1 74	1	ATHER'S NAME	BALTI			45 21213
1 10 26	A. T.	FIRST HASKILL	MIDDLE BERENH	OLTZ	WE JEININTE	IAST
2 1 3/	1	HALCAL.	- BARENHO	ITT JENA	4	JUSBAUM
3 23 3		WAS DECEASED EVER IN U.S. AF		JRITY NO. 17. INFORMANT MR.	S. SONIA ABBRENHO	
4 60 P			VE WAR OR DATES) 214-38	3-6591 DENERONOX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
3 57		NO	217-0			
1 987 5		18 CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b), ar	nd (c).)	HTS. AVE. BALTO	BETWEEN ONSET AND DEATH
4 44 4			TE CAUSE (a) VENTRIC	ULAR ARRYTHMIA		
8 66 8		11182	TE CAOSE (d)			
4 50 0		7100	DUE TO, OR AS A CONSEQU	ENCE OF A O DC		
the state of		Canditians, if any, which	(b) AC. PI	1. ANDS.		
2 2211		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
\$ 440 ft		underlying cause last.	(-)			
2 2 2 2 3		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION O	COVERT DA DA DE SA
1 240	z		HONIA	BEATH BOT NOT KELATED TO THE TERM	MINAL DISEASE OR CONDITION C	SIVEN IN PART TO
1 15	18					
1 1118	15	198. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
21 212 344	1 =	CONTRACTOR AND ADDRESS.			YES NO NO	YES NO NO
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34 414 37	100	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	AY YEAR		,
X 2 3 2 2 2 2	12	(IF EITHER NOTIFY MEDICAL EXAMINE		19		
F 2 2 4 5 8	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
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2 4 0 4 B			ital) attended the deceased fram.	1:10:8 10 84	1:14	19 850 that 4) (we) las
The Solution		saw the deceased alive ar	1 1/ 1 5 000		10	in the first transfer
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51 5413	23a.	BURIAL, CREMATION, REMOVAL	. 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
BP		(SPECIFY) BURIAL	TANY 4	ETH TFILOH	BALTIMORE	COUNTMARYLANDIE
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DHMH-16 30M 2/80	Z4. F	NAME NAME	EVINSON & BROS.,	INC. 250. DA	N 23 1984	STRAR'S SIGNATURE
(VRA 15, 4)	1	5010 REISTERSTO	WN RD. BALTO	MD 21215 JA	N 40 1904	my wanted



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-5	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAI ICATE OF DEATH	L HYGIENE	8 4 REG. NO	0	0 /	4 9
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signed by the attend Then please remove co rr ta buriol, crematian, injury, or ather troumal	NOI	Conditions, if ony, gove rise to imm cause (o), stating underlying cause	ediote the lost	(b)	R AS A CONSEQUER AS A CONSEQUE	ENCE OF	NOT RELATED TO THE	TERMINAL DI	SEASE OR CON[	DITION GIVE	N IN PART I (a	
rcion.  te has been sit permit.  rgiene prior shows ony	CERTIFICATION	19a DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a YES	AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING	GS USED OF DEATH? NO [
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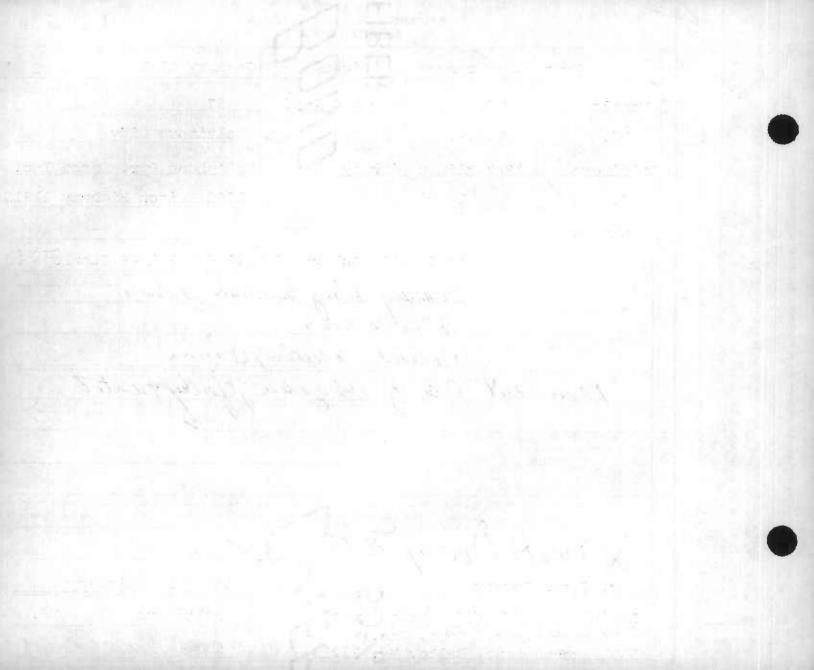
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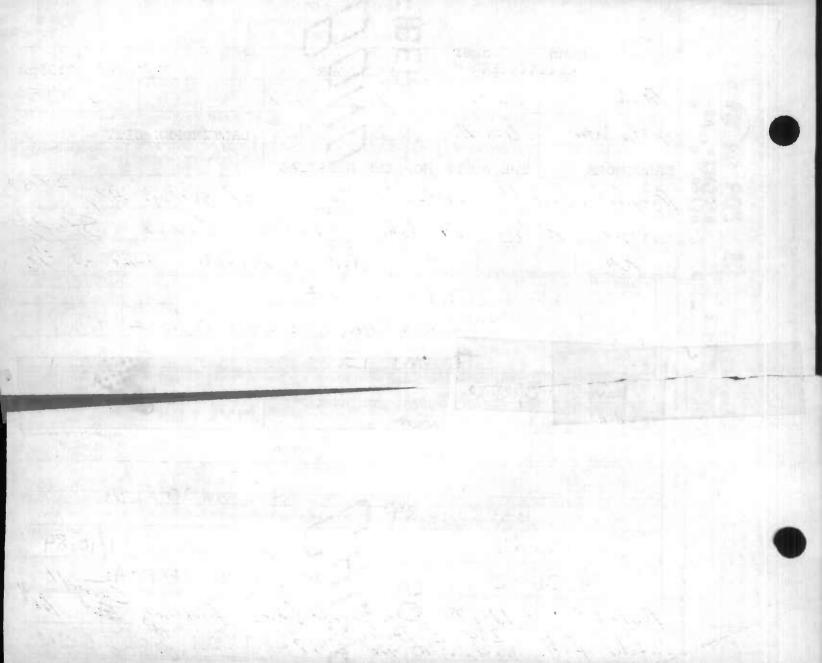
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	<b>Y</b>	1	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 4 0	0 /	5 2
	e deoign	1. [	DECEASED NAME Shaun  PE OF PRINTS  PANY	Roger XXXXXXXX	BICKSLER	20. DATE OF DEATH MONTH D.	0/84	26. HOUR 2:39pm
	ge 4 moy	3. 5	M -</td <td>Whi/a</td> <td>S. DATE OF BIRTH</td> <td></td> <td>IF UNDER I YEAR</td> <td></td>	Whi/a	S. DATE OF BIRTH		IF UNDER I YEAR	
	The state of the s	10	BIRTHPLACE (STATE OFFOREIGN	16 CITIZEN OF WHAT COUNTRY	** ** MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	BALTIMORE CITY OR COUNTY	OF DEATH	MD
101		2	ALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION ET ADDRESS) DPKINS HOSPITAL	120 USUAL OCCUPATION  1 TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND C INDUSTRY	OF BUSINESS OR
AND 213	25 32	V	HAL RESIDENCE (IF NURSING HOME OF ATATE 136 COU	NTY / 13c. CITY OR TO		13. STREET ADDRESS / ZIP CODE	Alley	2/157
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TIMORE	s. Poge	160	WAS DECEASED EVER IN U.S. AR (YES, NO OF UNKNOWN) (IF YES, GI	RMED FORCES?  VE WAR OR DATES)  16b SOCIAL SEC		Bicksh- San	he o	5 4/3
V. PRESTON ST., BAL	the death certificate the attending shyucic remove carbo paper major at removal. Technolic event, th		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQ	ac Arrest PENCE Congenital A VENCE OF 100	leart Disease	BETWEEN	XMATE INTERVAL ONSET AND DEATH
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OF VITA	a physical antificate inference interpretation 18 sh	1075/01	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 19 21c HOW INJURY OCCURRE	ED (ENTER NATURE OF INJURY IN ITEM 18 PART I	OR PART 2)	enem e
NOISION	ortendin	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY  [AT HOME, STREET, FACTORY, OFFICE, F/	ARM, ETC.) 211 LOCATION STREET	N . T CITY OR TOWN	COUNTY	STATE
	ATTENDI Operal or CTOR A to the other of the other of the other		saw the deceased alive an above, (I) (we) (did) (did not)	ol) pttended the deceased from	35, and that in (my) (our) apinion de	eath accurred on the date and haur an	nd from the ca	
	Par Ital Of Real Difference Controls Dept. Mr. if there		226. SIGNATURE Karlo	wice		MEDICAL STAFF —DIRECTOR   PHYSICIAN	1 DATE SH	84
	TO HOSPITA TO FUNERA TO FUNERA THE STATE THE S		G. KARLOL	MICZ,	JOHNS H		AL_	all,
	ВР		Bullal	1236 DATE 1884 236 N	LIGHTLA POR CREMATORY	REC'D. BY REGISTRAR 2 IN MARCH AND A	Bel	spire!
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DHMH - 16 50M 1/B1

(VRA 15, 4)

I. DECEASED NAME

REGISTRAR

IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY BAKERY 2687 EAGLE STREET, 21223 LAST REST **ADDRESS** WILLIAM T. BILLINGS 2687 EAGLE ST., 21223 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT ATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN STATE and that in (my jour) opinion death occurred on the date and have and from the causes stated 27s. DATESIGNED PHYSICIAN DIRECTOR PHYSICIAN CREST LAWN MEM. MARRIOTTSVILLE HOWARD 24 FUNERAL DIRECTOR 21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

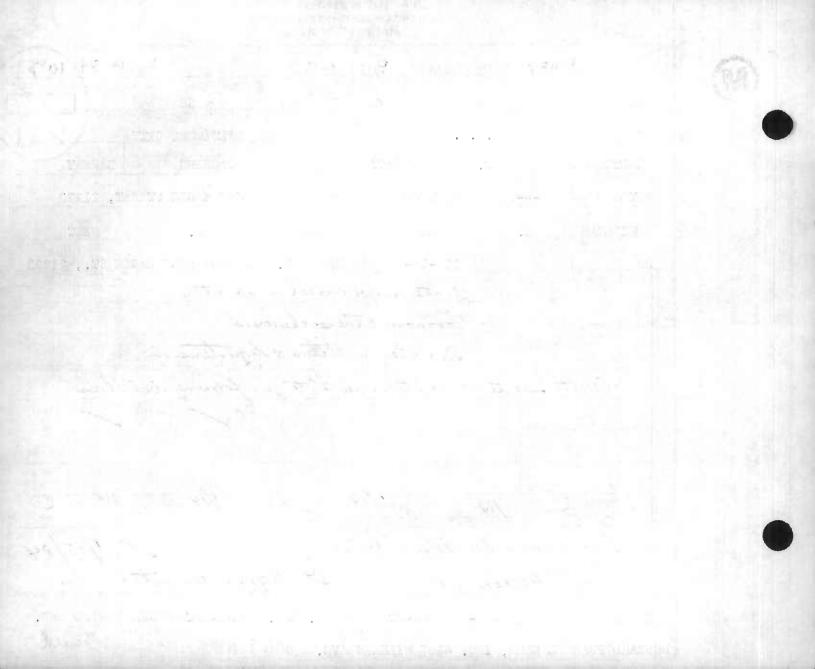
CERTIFICATE OF DEATH

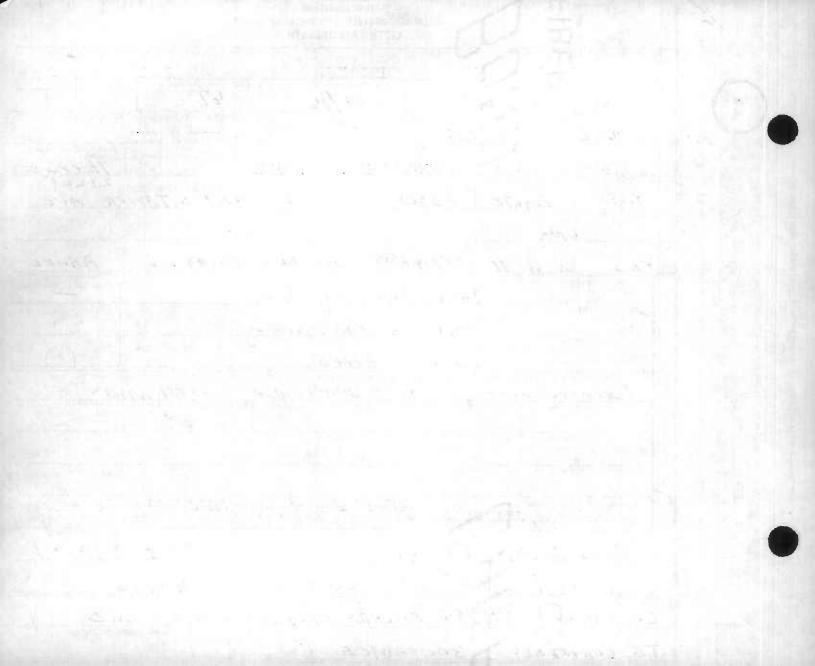
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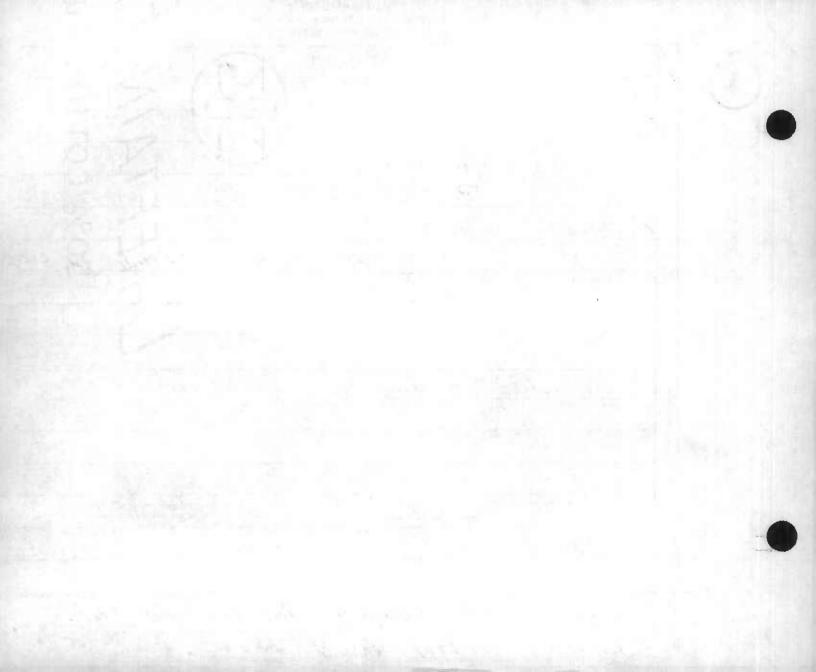
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REGISTRAR

REG. NO. DECEASED NAME 2a DATE OF DEATH MONTH 2b. HOUR BISHOF 10-4 5. DATE OF BIRTA IF UNDER I YEAR 15.48 DAYS 0 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MARRIED CITY WIDOWED DIVORCED [ 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFEL INDUSTRY 1-HOSPITAL JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) ITY OR LOWN . 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS CIIMORE 6450N AVE-21216. YES NO T 15 MOTHER'S MAIDEN NAME FIRST MIDDLE **ADDRESS** 166 SOCIAL SECURITY NO 17 INFORMANT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES T NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2) HOUR A.M. MONTH DAY YEAR 19 211 LOCATION AT HOME STREET FACTORY OFFICE, FARM, ETC ) CITY OR TOWN STREET COUNTY 1901 and that in (my) (our) opinion death occurred an the date and hour and from the causes stated DEGREE 17: DATE SIGNE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 231 NAME OF CEMETERY OR CREMATORY 256 REGISTRAR'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

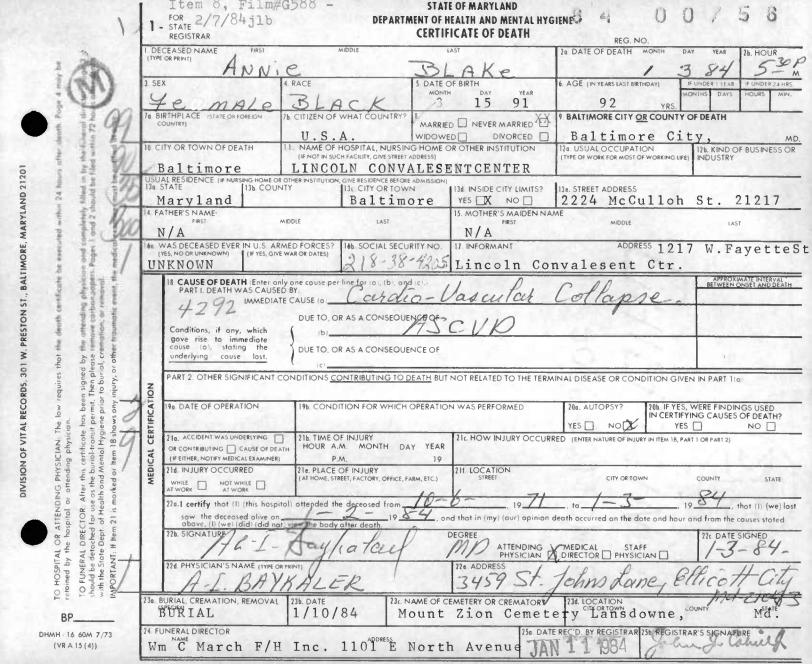


(VRA 15, 4)

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Hetascatic Adeno Carcinos of the Colon  Y  Januare 7, Becomber 22, 82 Januare 7, 84  Zanuare 7, 84  Eric Fisher, M.D. c/o Farmland General Homoital		Cersis
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Januar: 7, Sel Januar: 7, 84 **  Zanuar: 7, Sel Januar: 7, 84 **  Eric Fiscer, M.L. c/o Eruland General Non ital		Metascatic Adeno Carcinous of the Colon
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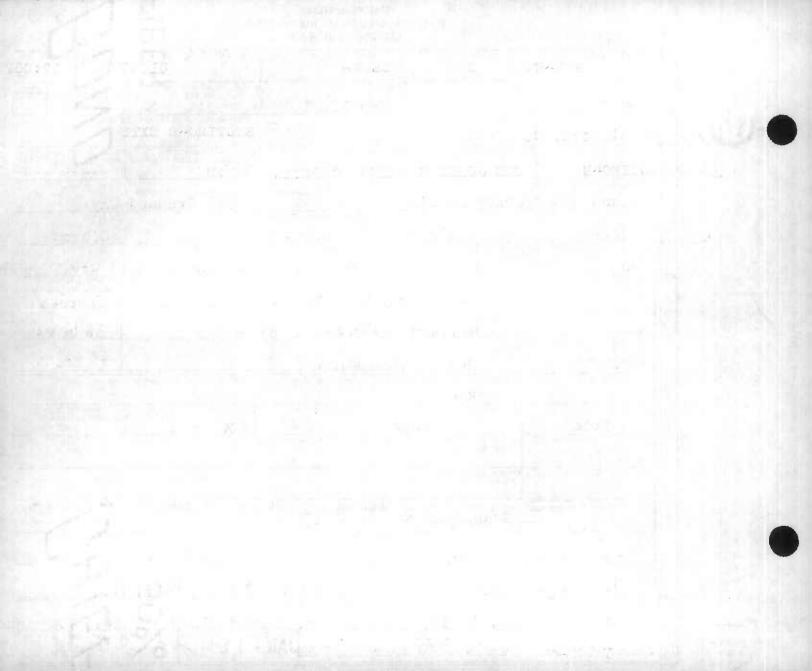
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þ	SEX	4 RACE	5. DATE OF BIRTH	6. AGE IN Y	EARS IF UNDER 1 YR.	IF UNDER 24 HRS		MONTH	DAY YEAR	24 HOL
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Ħ	D CIT	Y OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOM	E, OR OTHER INSTIT	UTION 12a U	SUAL OCCUPATIO	N (TYPE OF WORK	12b. KIND OF B	USINESS
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		HER'S NAME	III and the same			HER'S MAIDEN NAM	AF			
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t	w W	AS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECURI			AD	P88 N.	Main S	st.
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ŧ		18 CAUSE OF DEATH (Enter of	only one cause per line					DCIDYV	APPROXIMA	TE INTERVAL
ı		PART I DEATH WAS CAUS	ED BY:	Gunshot Wo	und of Hos	ad (unc	pecified)		BETWEEN ONS	SET AND DEAT
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1		Dave rise to immedio		AS A CONSEQUENCE	OF					
1		lying couse last.								
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ı	Ä		74						YES [X	NO []
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1		UNDERLYING OR			4 subject	t was sho	t.			
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1	M	WHILE AT WORK XX AT WORK		TORY, FARM, ETC.) Efice	STREET DY	ruid Park	Drive Ra		YTAUC	STATE
1										
1		22e. I certify that I took cho	rge of the remains des	ribed gbove, held on	Autopsy XX	Inspection	Inquiry .	and in my of	pinion	
1		death resulted fulling. Not	nitol colles	Ausden L.		4111	etermined monner	<b>□</b> ,		
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7		EXAMINER'S NAME	ennis F	Smyth, M.D.		111 1	Penn Stre	et		
+		(TITE SHIPPING)			ADDRESS					
1	1,19	RIAL, CREMATION, REMOVAL			METERY OR CREMA	TORY 23d.	LOCATION TY OR FOWN	cou	NTY	STATE
1		rial MERAL DIRECTOR	1/14/84	Sunset	Memoria	I Park	Berlin,	Worces	ster, !	MD
	1	haus /1 /1	ADDRESS	M	.1	As As A	The state of the s	ALOISTRAK 3 3	AND THE	
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Mind & John St. March St. B. Ching



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ν	1	FOR - STATE REGISTRAR	DEPART	MENT OF HE	OF MARYLAND  EALTH AND MENTAL HYGI  CATE OF DEATH	ENE B 4	0	0 /	60
page 3		CEASED NAME FIRST AND E	W S	BLC		20. DATE OF DEATH	01 07		2b. HOUR 12:08
e 4 may	3. SE	x Male	Nhite	5. DATE OF	DAY YEAR	6. AGE (IN YEARS LAST BIR	MON		IF UNDER 24 HRS HOURS MINL
Pog			6. CITIZEN OF WHAT COUNTRY?	8	☐ NEVER MARRIED <b>XX</b>	9. BALTIMORE CITY OF BALTIMORE			
s offer d	190		11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET THE JOHNS HO	NG HOME OF	OTHER INSTITUTION	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Infant		126. KIND OF INDUSTRY	MD. F BUSINESS OR
filled my Amback Brown	13 <sub>0</sub>	AL RESIDENCE (IF NURSING HOME OR OSTATE TO COUN MONT	other institution, give residence before the state of the	E ADMISSION)		13e STREET ADDRESS /	zip code chard	20 Way	904
ompletely ond 2 sh	1	Jeffrey	Bloom	n	15. MOTHER'S MAIDEN NAM	Lee		Gibs	
S. Pages		NAS DECEASED EVER IN U.S. ARA yes, noor unknown) (IF yes, give NO ——	MED FORCES? 16b SOCIAL SECU WAR OR DATES) None	JRITY NO.	Jeffrey Blo	ADDRE 900			
e death certificate e attending physici move carbon pape lation, ar removal. traumatic event, ff			y one cause per line for (a), (b), and (by).  CARDIOPUL  DUE TO, OR AS A CONSEQUI	MOIVA ENCE OF	RY ARREST	ESSURE		94	TOURS
that the a d by the a lease remaind, cremat ar ather tro		gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	ENCE OF	Veiris		TEN	48 H	tours
en signe Then p or to bur	NOIL		NONE			NAL DISEASE OR CON	DITION GIVEN	IN PART Ita	
The law re	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	NE NE		200 AUTOPSY?  YES ☑ NO ☐	20b. IF YES, W IN CERTIFYIN YES	G CAUSES (	GS USED OF DEATH? NO [
S PHYSICIAN: The strange physicion of this certificate of the burial-transit and Mental Hygic and Arter 48 should be supposed or tem-48 should be supposed or tem		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	RY IN ITEM TO PART	OR PART 2)	
ar attending After this e as the bu	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
TEN TOR of He		220.1 certify that (1) this haspite saw the deceased alive an above, (1) (ve) (did) (did not	7 JAN 10 5	5 JAN 84 , ond	that in (my) (aut) opinion d	, to 7 JA			hat (1) we ast auses stated
by the hasp by the hasp ERAL DIREC e detached to State Dept. o		226. SIGNATURE  226. PHYSICIAN'S NAME (TYPE OR	sicker mi	D	EGREE  ATTENDING PHYSICIAN  22e ADDRESS	MEDICAL STAF	F IAN (A)	22c DATES	IGNED 84
TO HOSPITAL ( retained by the TO FUNERAL E should be detain with the State E IMPORTANT: If	22	HZUCKER	MO		JOHNS 1		tospiTT	H	
ВР		Burial  Burial	Jan. 9, 1984	Jude	metery or crematory an Mem. Gar		y. Mon		Mary1a
OHMH - 16 50M 4/B3 (VRA 15, 4)		uneral director nzansky-Goldberg	chapels; 1170	ville, Rockvi	ille PikeJAN	1 1984	Sh. REGISTRAS	SSANATU	RE



	1 -	FOR STATE REGISTRAR	DEF	PARTMENT OF H	EALTH AND ME		ENE 8 4 V	0 / 6 1	
4.11		CEASED NAME FIRST ORPRINTI RUTH M.	Blucher	Lacolar	AST		20. DATE OF DEATH MONTH	10 84 10:40	7.1
	3. SE.	Female	4. RACE White	5. DATE C		YEAR /2	6. AGE (IN YEARS LAST BIRTHDAY) YRS		HRS MIN.
1133		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.	WIDOWE		RCED	9. BALTIMORE CITY OR COUN Baltimore city		MD.
132	Ba.	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, OIVI METCY	Hospital	R OTHER INSTIT	UTION	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Legal Secretar		OR
135	139M	AL RESIDENCE (IF NURS COU STATE COU TRY LAND HOWA	NTY 13c. CITY OF	R TOWN		10 1	130. STREET ADDRESS 3005 Southview	Rd. 210K=	3
and 2.5	-	THER'S NAME FIRST Edgar		ght		herine	MIDDLE	Ekas	
be easter on and o . Pages		VAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN) (IF YES GI	RMED FORCES? 166. SOCIA VE WAR OR DATES) 215-0:	SECURITY NO. 5-9701	Roland		r 3005 Southvi		
g physics son popul removal.		18. CAUSE OF DEATH IENter of PART I. DEATH WAS CAUSE	nly ane cause per line far (a), ED BY: ITE CAUSE (a) CIONO	(b), and (c).)	NOWWE	H AK	ROST	APPROXIMATE INTERVA BETWEEN ONSET AND DE	ATH.
e death c nove cort attan, or travenative		Canditions, if any, which	DUE TO, OR AS A CON	SEQUENCE OF	tock			2 DAYS	3
d by the those can iol, crem or other	1	cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	20TIC ABO	OUE KNE			- le DAT	S
on spines or to bur	TION	PART 2 OTHER SIGNIFICANT HGH BCOO	D LUSSUP	5/RI	OHT!	Ceres	NAL DISEASE OR CONDITION OF	ES, WERE FINDINGS USED	
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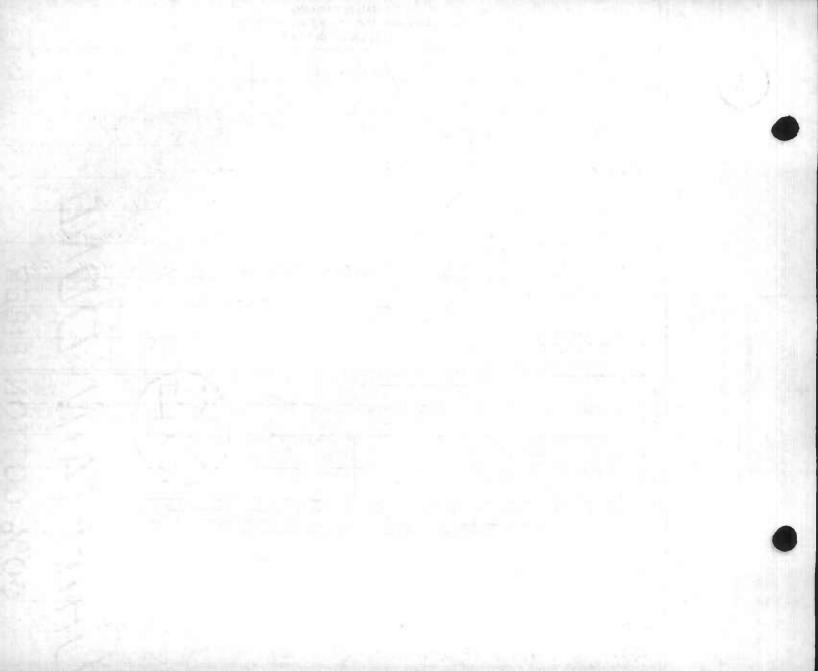
Burial 1/13/or Loudon Park Compter Saithers, Saltimore

Harry H. Witske fill Columbia Piles, Thiscore etc.

5		FOR			DEPARTMENT		MARYLAND H AND MENTAL	HYGIENE	1 0	0	1	6	2
		STATE REGISTRAR		ME	DICAL EXA	MINER'S	CERTIFICATE (	OF DEATH	REG. N	10.			
		CEASED NAME FI	RST		WIDDLE		LAST	20. [	OF ESTI-	THOM	H DAY	YEAR	2b HOUR
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PEACE OIL FILES. HOURS VIEEET,	3 SEX		5 D	ATE OF BIRTH	YEAR LAST	(IN YEARS IF U	INDER I YR. IF UNDE	R 24 HRS. 2c.	DATE NOUNCED DEAD	MONTH		YEAR 184	2d. HOUR 2:20 a M
(教養を		THPLACE (STATE OR REIGN POUNTLY)	7b. C	CITIZEN OF WI	HAT COUNTRY?	8. MAR	RIED NEVER MARI	RIED 7. B	ALTIMORE CITY	OR COU	NTY OF	DEATH	
と学 まつつ		Balto. Nd.		U.S.	A.		WED DIVOR	4770	Baltimor	re Ci	ty,		MD.
4895	CI	TY OR TOWN OF DEATH			PITAL, NURSING		HER INSTITUTION	12a. USUAL	OCCUPATION (TY	PE OF WORK	K 12b KI	IND OF BU	JSINESS RY
SHOW C	1	Baltimore			lk. Bela				tress				ton's
335	13a S	L RESIDENCE (IF IN NURSING TATE 136, 0	Balte		13c. CITY OR TO	ADMISSION)	13d INSIDE CITY LIMITS? YES NO S	130. STREET	ADDRESS	°+ -:		ron H	
31	J4. F4	THER'S NAME FIRST Harr	u Dell	DIE	LAST		15. MOTHER'S MAIL	DEN NAME	WIDDLE	, 14		LAST	
22 1	IM. V	VAS DECEASED EVER IN U.			16b. SOCIAL SE	CURITY NO.	17. INFORMANT	· /\cu	ADDRES	S			
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2 2		18 CAUSE OF DEATH (En	ter anly and	cause per line	far (a), (b), and (	:).)	1)32-3/2-10			2011011		PPROXIMATI	E INTERVAL T AND DEATH
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		Conditions, if any, gave rise to imme		(b)									
EN 20		cause (a) stating the u		DUE TO, OR	AS A CONSEOU	NCE OF							1129
ANDW		7,		(c)									
H AND A		PART 2 OTHER SIGNIFICANT CONC	ITIONS CONTRI	BUTING TO OFATH	BUT NOT RELATED TO T	HE TERMINAL DISE	ASE OR CONDITION GIVEN IN P	PART 1 o					
245 -	CERTIFICATION	10 D 100 OF OFFI		Total Inc.									
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80 -	E	210. EXTERNAL CAUSE W.	AC	21b TIME OF	Nimby	121						YES X	NO 🗌
2/2	100	UNDERLYING TOR	AS	HOUR A.M	MONTH DAY	YEAR	HOW INJURY OCCURR			3 PART I OR	PART 2)		
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21201 P	W.	WHILE AT WORK AT WORK	E X1	STREET, FACT	TORY, FARM, ETC.)		STREET		Y OR TOWN		COUNTY		STATE
		AT WORK AT WORK		1 st	reet	66	500 Blk. Be	elair Ro	l,Baltimo	re			Md.
Zh.		22s Corrlety that Land	sharge of t	me manage des	cribed above, hel	dony? Auto	ipsy 🗓 , Inspecti	an . , tr	iquiry , o	ind in my	opinion		
E S		death resulted from	North of con	uner A	Cesid in X	Suicide L	, Hamicide ,	Undetermi	ned manner	,			
3		ACTUAL	1 24	W	Then &	5	TITLE (SPECIFY)			DAY			
A H H H	,	SIGNATURE	41018	ar la	11000	-	M.Deputy Ch	iefmedical	EXAMINER	SIGI	NED.	29/8	4
AFTER DEATH, WITH THE ST. BATTIMORE, MARKAND, 2		EXAMINER'S NAME (TYPE OR PRINT)			mith, M.	D.	_ADDRESS_111	Penn St		Bal	lto.,	Md.	
E E E	23a BI	URIAL, CREMATION, REMO	VAL 236 D	ATE	23c. NAME	OF CEMETERY	OR CREMATORY	23d LOCAT	ION	CC	YTHUC	51	TATE
	04.5	Burial	2	-1-84	Garde	ens of	Faith Cem	B	315 RAR +256/R	-2/	204		
	24. FI	INERAL DIRECTOR	,,	ADDRESS				mm 4		ISTHAR	ESIGNA	Calu	el
E (5))		John C. Mi	Uer 1	nc. =63	15 Rolai	, Rd -2	1206	IN 31	1984 7		-0		-

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7	1-	FOR STATE REGISTRAR	DEI		EALTH AND MENTAL HYG	REG. NO	0 0 / 0	٥
Mos be		CEASED NAME FIRST OR PRINT)  MADEL  X	MIDDLE INE I RACE	Bol-	LACK DF BIRTH	20. DATE OF DEATH	1 - 11 - 84 HDAY) IF UNDER 1 YEAR 1	OCOO A
th. Page ral director		RTHPLACE (STATE OR FOREIGN 7	WHITE CITIZEN OF WHAT COUN	MARRIE	6, 1901  D NEVER MARRIED	82 BALTIMORE CITY O	YRS. POUNTY OF DEATH	HOURS MIN.
after dea ed within	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N US NOT IN SUCH FACILITY OF 120 S. DO		OR OTHER INSTITUTION	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY	ME BUSINESS OR
AND 2120	13a. S	AL RESIDENCE (IF NURSING HOME OR C STATE 136 COUNT	TY DISCITY OF	E BEFORE ADMISSION) R TOWN	13d. INSIDE CITY LIMITS?  YES NO D	13. STREET ADDRESS		224
executed withing and completely ages 1 and 2 section 2 and 2 section 2 section 2 section 3 secti	16a. \	JOHN NAS DECEASED EVER IN U.S. ARM	WAR OR DATES	AN L SECURITY NO.	FIRST LAB	ETH ADDRE		W
v ST., BALTIMORE, certificate be executing physician and c bonpapers. Pages remayed.		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y ane couse per line for (a), BY:	1-8383D	EARL BOLLAG	K 5532 L	AMHAM WAY	2/206 ATE INTERVAL ISET AND DEATH
W. PRESTON  out the death  by the attendi  sse remove co  ', cremation, o  other traumat		Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON					9
ECORDS, 301  ow requires the been signed mini. Then plee prior to burial any injury, or	TION	PART 2. OTHER SIGNIFICANT CO				INAL DISEASE OR CON	206. IF YES, WERE FINDING	CHEEN
The low ricion. The low ricion. The how pricion. The how pricion. The how ricion. The low ricion. The low ricion. The low ricion.	CERTIFICATION	19a DATE OF OPERATION		VHICH OPERATIO		YES NO	IN CERTIFYING CAUSES O	
PHYSICIAN: Thending physicitics certificate to buriot-transition and Mental Hygin do not them 18 sh	MEDICAL CE	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d, INJURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONT P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	19	21c. HOW INJURY OCCURR 211. LOCATION STREET	CITY OR TOV	1/ 53	STATE
DIVISION ATTENDING PHISPING or other that for use os the control of Health and no 21 is marked on 21 is marked	×	WHILE NOT WHILE 220.1 certify that (1) this haspite saw the deceased alive an	al) attended the deceased	fram	nd that in (my) (aur) opinion of		, 19 <del>,</del> the	at(1) (we) los
OR ho		obove ((I) (we) (did) (did not) 22b. SIGNATURE  22b. PHYSICIAM'S NAME (TYPE OR	B. Elm	n M	DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	MEDICAL STA DIRECTOR PHYSIC		GNED
TO HOSPITAL (sectioned by the TO FUNERAL (should be deto with the Store (MAPORTANT: If	230	BAYANI BURIAL, CREMATION, REMOVAL	B ECMA 1236. DATE		3023 ENDER	AU Ba	lt rest 21	224
DHMH-16 60M 1/73	4	DURIAL UNIERAL DIRECTOR	1-16-84	OAMan	ON CEM.	CITY OR TOWN	BALTO.  756. REGISTRAR'S SIGNATUR	MD.
(VR A 15 (4))	1	FOFFMANN-SKA	ARDA 32180	4UDSON	ST. JAN	119384	, i.e.	reliffe



Wos U der Fill Jemetery Brooklyn H.

Lapres J. Louce J. . 4001 Alteria Twy.

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6	A	h.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		00/66
0	£ 4		CEASED NAME FIRST	MIDDLE	LAST	REG. N 20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
oy be	poge	3. SE	George	LOUIS 14. RACE	Docker 15. Date of Birth	6. AGE (IN YEARS LAST BI	1/5-84 3:23 DM
ge 4	r offer.	3. 3E	male	Caucas; an	MONTH DAY YEAR	1	MONTHS DAYS HOURS MIN.
h. Po	Face VI		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEATH
deot	( 限制)大	10.0	nD	USA	WIDOWED DIVORCED		more City MD.
201 rs ofter	file file	10.0	39.171/nove	(IF NOT IN SUCH FACILITY, GIVE STR	1.1	(TXPE OF WORK FOR MOST	inist 126. KIND OF BUSINESS OR INDUSTRY B. C. R.R.
24 hou	filled in ould be must b	USU.	AL RESIDENCE (IF NURSING HOME OF			TS? 13e. STREET ADDRESS	Hague Ave
RYLA	2 sh	14. F/	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDE		TAST
MA ,med ,	nd out		Deorge	Booker	mine	2004	Grund
ORE	Poges,			RMED FORCES? 166. SOCIAL SE		ADDR	- 11
e be	cion F. Pers. P	-	no	nly one couse per line for (o), (b),		exchen L. Door	en Same as #13  APPROXIMATE INTERVAL BET WEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours	ned by the ottenc i please remove co vurial, cremation, o y, or other traumo	186	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A CONSECTION OF THE CONSECTION OF	a Bronchogenie	0	Cave, Apira.
CORDS	been sig mit. Ther prior to b	CERTIFICATION	19a. DATE OF OPERATION		CH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
AL RE	hos it per	TIEK	Sec. 327			YES NO	IN CERTIFYING CAUSES OF DEATH?  YES NO NO
OF VIT	certificate uriol-trons tental Hyg		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH	DAY YEAR	CCURRED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART 1 OR PART 2)
VISION G PHYS	the buri	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f LOCATION	CITY OR TO	DWN COUNTY STATE
2	ase os eolth s mort			ital ottended the deceased from	12-14,19	19 ,10 /-/	19 84, that (1) (we) ast
ATTE	CTOR CTOR I for u		sow the deceosed olive on obove, (I) (we) (did) (did no	1 - 15 19	89, and that in (my) (our) op	pinion deoth occurred on the c	late and hour and from the causes stated
AL OR	the ho AL DIRE letoched ate Dept II. If Hen		226. SIGNATURE Rhenda J	Vichards m	DEGREE ATTENDI PHYSICI	NG MEDICAL STA	
HOSPIT	orined by the Denneral could be determined the State		DVS Feldm	an/mundra	220 ADDRESS 300/ .	C 11.	
0	of 0 % 3		SURIAL, CREMATION, REMOVAL		L NAME OF CEMETERY OR CREMAT	ORY 23d. LOCATION	
1	BP		SPECIFY) Burial	1/19/1984	Tedan Hill Flemete	CITY OR TOWN	A. A. Co., Md. STATE
	H - 16 50M 4/B2	24 FI	JNERAL DIRECTOR	" Baltoni,	Md., 21,225 15		256 REGISTRAR'S SIGNATURE
	(VRA 15, 4)	11	dully Funeral	Homes 23/ C.	Patapsco Ave.	MAIN - 1 1304	form to Caluela

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6	1.	FOR STATE REGISTRAR		DEPARTMENT OF	HEALTH AND	MENTAL HYG	REG. NO.	0 0	1	0 /
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9 9 6	( IAbE	OR PRINT)	ERT L.	F	OOKER			01/13/	84	3:53pm
1 As	3. SE		4 RACE		OF BIRTH		6. AGE (IN YEARS LAST BIRTH	DAY) IF UNI	DERTYEAR	IF UNDER 24 HRS HOURS MIN.
( DE		Male	Blac		TH DAY	14	69	YRS	UATS	MOURS MIN.
1 1 1 sa		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT	COUNTRY2 1	NEVER /	ALABBIED []	9 BALTIMORE CITY OR		EATH	
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de fur		TY OF TOWN OF DEATH	11. NAME OF HOSPIT	AL, NURSING HOM	OR OTHER INS	TITUTION	120 USUAL OCCUPATIO		b. KIND C	OF BUSINESS OR
of the led		BALTIMORE	THE JOHN	S HOPKII	S HOSP	ITAL	(TITPE OF WORK FOR MOST OF	WORKING CIFE) I IIV	DOSIKI	
A hound		AL RESIDENCE (# NURSING HOM	E OR OTHER INSTITUTION, GIVE RES	TY OR TOWN	N) 13d. INSIDE C	ITY HAAITS?	13e.STREET ADDRESS /	ZIP CODE		
ND 24 24 Stille ould		ryland		altimore	YES X	NO 🗌	603 Winsto		e	21212
YLA Tarifun 2 sh		THER'S NAME	WIDDLE	LAST	15. MOTHER	S MAIDEN NA	WE		LAS	SI
AN 0 19 3501	1	Joseph	A.	Booker	F∈	lina	Milliott		Fowl.	kes
dicol dicol		VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SC	OCIAL SECURITY NO	. 17 INFORMA	ANT	ADDRES	S		
BATTIMORE MARY		NO		3-09-3921	Salli	e M. Bo	ooker 603 W	inston	Aven	ue
A		18 CAUSE OF DEATH (Ente	r only one couse per line for	r (o), (b), and (c).)	-14-21				BETWEEN	ONSET AND DEATH
TO GOE S		PART I. DEATH WAS CA	USED BY: DIATE CAUSE (0)	cardia	c aires	t				0
PRETONS  6 9 / 61  6 9 / 61  e otending  emove corbo  motion, ore		1519		CONSEQUENCE OF						
otten,		Conditions, if any, which	( (b)	renal	failure				2	days
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RDS. Requires the signed Then ple to buring injury, or	NO	PART 2 OTHER SIGNIFICAL diffuse into	nt conditions contrib			O TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN IN	PART 1	o.
mut.	CERTIFICATION	190 DATE OF OPERATION		OR WHICH OPERA		DRMED	20a AUTOPSY?	206. IF YES, WE		
the second	Ē	1/11/84	stoma	ich cance			YES NO	YES 🗆	CAUSES	NO 🗆
OF VITA		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	FDEATH HOUR A.M. M	RY MONTH DAY YEA	R	NJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I	OR PART 2)	
VISION OF VITAL RECORDS, offering a property of the loss requirements of the loss been significate has been significate the property of the pr	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJ	URY TORY, OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOW	N	YINUO	STATE
TENDIN ritol or or or use as or use as or use as		22a.1 certify that (I) (his h	ospito of tended the dece		ond that in my	19 <b>54</b> (our) opinion	death occurred on the dat	te and hour and		that (I)(we) lost
AL OR AT the hosp AL DIREC etoched the Dept.		27b. SIGNATUR	· Relita	MP		ATTENDING PHYSICIAN	MEDICAL STAFF		22c. DATE	13/84
O HOSPIT.  Petalned by Should be dwith the Significant of the Signific		220 PHYSICIAN'S NAME IT	C. Belitos		601		fest. Bal	timove	Md	. 21205
5 5 4 3 X	23a.	BURIAL, CREMATION, REMO			F CEMETERY OR		23d LOCATION	co	UNTY	STATE
BP		BURIAL	1/18/84	Baltin	ore Cer	netery	Baltimor		M	id.
DHMH - 16 50M 4/83 (VRA 15, 4)		uneral director illiam C Marc	h F/H Inc.	ADDRESS 1101 E. NO	orth Ave	1	AN 1 7 1984	Sh REGISTRAR	SSIGNA	shulf

40 F 198 - 1 999

	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF HEALTH AND CERTIFICATE OF	DEATH				
5.0k		CEASED NAME FIRST		MIDDLE	LAST		REG. NO 20. DATE OF DEATH		AY YEAR	2b.
	1	Rub	en		Booker			1 0	2/	
1 .	3. SE		4 RACE		5. DATE OF BIRTH		. AGE (IN YEARS LAST BIR		ONTHS DAYS	HF.
البنا		Male	R1	ack	MONTH DAY	1898	86	YRS.	ONTHS DAYS	HC
	7a. B	IRTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8 MARRIED NEVER		BALTIMORE CITY O		OF DEATH	-
57		Virginia	U.S				Baltimore	0:+		
o p	10. C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME OR OTHER IN	ISTITUTION	12a. USUAL OCCUPATI		126. KIND O	)FB
1//	Ra	ltimore		CH FACILITY, GIVE STREET			(TYPE OF WORK FOR MOST O	F WORKING LIFE	INDUSTRY	
		AL RESIDENCE (IF NURSING HO)		undview R			Farmer			
37.1	130.	STATE 13b C	OUNTY	13c. CITY OR TOW	N 134. INSIDE		3e. STREET ADDRESS		- 71	-
		ryland		Baltimor		R'S MAIDEN NAM	449 Roundy	iew Ro	ad O	- 1
1	1	FIRST	WIDDLE	<b>LAST</b>	II MOTHE	FIRST	MIDDLE		LAS	T
1	9					Nancy			Booke	r
edicol		WAS DECEASED EVER IN U.S	S. GIVE WAR OR DATES	166 SOCIAL SECU	JRITY NO. 17. INFORM	MANT	ADDRE	:55		
a e				217-01-2	337 Viola	Booker	449 Roundy	iew Ro	ad BETWEEN	
cremotion, or ther troumotic		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, C	DR AS A CONSEQUE	ENCE OF				100	1
to buriol, cremoti	NO	gove rise to immediate	DUE TO, C		ENCE OF	ED TO THE TERMIN	nal diséase or con	DITION GIVE	EN IN PART 1	0
uriol, crem	TIFICATION	gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, CO.	ONTRIBUTING TO I	ENCE OF		NAL DISEASE OR CON  200. AUTOPSY?  YES	20b. IF YES,	, WERE FINDIN	NG
ene prior to buriol, crem	CERTIFICATION	gove rise to immediot couse (0), stoting the underlying couse lost PART 2. OTHER SIGNIFICA  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING	DUE TO, CO.	ONTRIBUTING TO I	ENCE OF  DEATH BUT NOT RELATION WAS PERF	FORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NG O
Hygiene prior to buriol, crem 18 shows ony injury, or other	7	gove rise to immediotic couse (o), stoting the underlying couse lost PART 2. OTHER SIGNIFICA	DUE TO, CO.  IC.  IT CONDITIONS CO.  IPB. COND.  G	ONTRIBUTING TO I	ENCE OF  DEATH BUT NOT RELATION WAS PERF	FORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NG O
ene prior to buriol, crem	7	gove rise to immediate couse (0), stating the underlying couse lost part 2. Other Signification in the underlying couse lost part 2. Other Signification in the underlying cause of the underlying contributing cause of the lither notify medical example.	DUE TO, CO.  (c)  19b. COND  19b. COND  ADDROLL TIME CO.  HOUR A  MINER)  21b. TIME CO.	ONTRIBUTING TO I	ENCE OF  DEATH BUT NOT RELATION WAS PERFORM  AY YEAR  19  216 HOW  216 LOCAL	FORMED  INJURY OCCURRE	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NG OI
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entol Hygiene prior to buriol, crem them 18 shows ony injury, or other	7	gove rise to immediot couse (0), stoting the underlying couse lost part 2. Other SIGNIFICA  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTING CONTRIBUTING COURRED  21d. INJURY OCCURRED  WHILE DOCUMENT	DUE TO, CO.  (c)  (c)  19b. COND  19b. COND  ADDROG HOUR A  HOUR A  MINER)  21b. PLACE (AT HOME S1	ONTRIBUTING TO I	ENCE OF  DEATH BUT NOT RELATION WAS PERFORM  AY YEAR  19  216 HOW  216 LOCAL	FORMED  INJURY OCCURRE	200 AUTOPSY?  YES NO D  CENTER NATURE OF INJU	20b. IF YES, IN CERTIFY YES RY IN ITEM 18 PA	WERE FINDIN YING CAUSES I CAUSES	NG
entol Hygiene prior to buriol, crem them 18 shows ony injury, or other	7	gove rise to immediate couse (0), stoting the underlying couse lost part 2. Other Signification and the underlying couse lost part 2. Other Signification are contributing and couple contributing acouse of the lither notify medical example.  21d. INJURY OCCURRED COUNTY AND COURTED CONTRIBUTING AT WORK AT WORK	DUE TO, CO.  (c)  NT CONDITIONS CO.  19b. COND.  G	ONTRIBUTING TO I	ENCE OF  DEATH BUT NOT RELATION WAS PERF  AY YEAR  19  216. HOW  STREE  STREE  217. LOCAL  STREE  218. STREE	FORMED INJURY OCCURRE TION EET	200 AUTOPSY? YES NO NO D (ENTER NATURE OF INJUI	20b. IF YES, IN CERTIFY YES  RY IN ITEM 18 PA	WERE FIND IN / ING CAUSES (COUNTY)	th
entol Hygiene prior to buriol, crem them 18 shows ony injury, or other	7	gove rise to immediate couse (0), stating the underlying couse lost underlying couse lost 19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTING NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING AT WORK  21d. INJURY OCCURRED  WHITE NOTIFY MEDICAL EXAMINATION OF COURTS OF	DUE TO, CO.  (c)  NT CONDITIONS CO.  19b. COND.  G	ONTRIBUTING TO I	ENCE OF  DEATH BUT NOT RELATION WAS PERF  AY YEAR  19  216. HOW  STREE  and that in (m	INJURY OCCURRE  TION  THE TO THE TION  THE TO THE TION	YES NO NO NO CITY OR TO COLOR OF THE COLOR O	20b. IF YES, IN CERTIFY YES  RY IN ITEM 18 PA  WN  ote ond hour	WERE FINDING CAUSES  TRI LORPART 2)  COUNTY  ond from the	the
oched for use of the bulloarings permit, then provide use the bulloarings and the bulloaring to burst to burst of creat if them 21 is morked or them 18 shows ony injury, or other them 21 is morked or them 18 shows ony injury, or other them 21 is morked or them 18 shows ony injury, or other them 21 is morked or them 18 shows ony injury, or other them 21 is morked or them.	7	gove rise to immediate couse (a), stating the underlying couse lost part 2. Other SIGNIFICA 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF SITTER NOTIFY MEDICAL EXA 21d. INJURY OCCURRED WHILE AT WORK AT WORK 11 STATING COURSE OF SITTER SITTER NOTIFY MEDICAL EXA 21 MORK AT WORK AT WORK 11 STATING COURSE OF SITTER SI	DUE TO, CO.  (c)  NT CONDITIONS CO.  19b. COND.  G	ONTRIBUTING TO I	ENCE OF  DEATH BUT NOT RELATION WAS PERF  AY YEAR  19  216. HOW  STREE  and that in (m	INJURY OCCURRE  TION  THE TO THE TION  THE TO THE TION	YES NO NO NO CITY OR TO COLOR OF THE COLOR O	20b. IF YES, IN CERTIFY YES  RY IN ITEM 18 PA  WN  ote ond hour	WERE FIND IN TING CAUSES  COUNTY  COUNTY  Ond from the	the
oched for use of the bulloarings permit, then provide use the bulloarings and the bulloaring to burst to burst of creat if them 21 is morked or them 18 shows ony injury, or other them 21 is morked or them 18 shows ony injury, or other them 21 is morked or them 18 shows ony injury, or other them 21 is morked or them 18 shows ony injury, or other them 21 is morked or them.	7	gove rise to immediate couse (a), stating the underlying couse lost part 2. Other SIGNIFICA 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF SITTER NOTIFY MEDICAL EXA 21d. INJURY OCCURRED WHILE AT WORK AT WORK 11 STATING COURSE OF SITTER SITTER NOTIFY MEDICAL EXA 21 MORK AT WORK AT WORK 11 STATING COURSE OF SITTER SI	DUE TO, CO.  (c)  (c)  (d)  (d)  (e)  (e)  (f)  (f)  (f)  (f)  (f)  (f	ONTRIBUTING TO I	ENCE OF  DEATH BUT NOT RELATION WAS PERF  AY YEAR  19  216. HOW  STREE  and that in (m	FORMED  INJURY OCCURRE  TION  EET  , 19  uy) (our) opinion de  Deputy Charlending  ATTENDING  PHYSICIAN	YES NO NO NO CITY OR TO	20b. IF YES, IN CERTIFY YES  RY IN ITEM 18 PA  WN  ote ond hour	WERE FINDING CAUSES  TRI LORPART 2)  COUNTY  ond from the	the co
oched for use of the bulloarings permit, then provide use the bulloarings and the bulloaring to burst to burst of creat if them 21 is morked or them 18 shows ony injury, or other them 21 is morked or them 18 shows ony injury, or other them 21 is morked or them 18 shows ony injury, or other them 21 is morked or them 18 shows ony injury, or other them 21 is morked or them.	7	gove rise to immediate couse (0), stoting the underlying couse lost underlying couse lost 190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OPERATION OR CONTRIBUTING CAUSE OF BETTHER NOTHER MEDICALERA INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK AT WORK  214. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK AT WORK  215. STATE OF THE	DUE TO, CO.  (c)  (c)  (d)  (d)  (e)  (e)  (e)  (f)  (f)  (f)  (f)  (f	ONTRIBUTING TO I	DEATH BUT NOT RELATION WAS PERF  AY YEAR  19  21f. HOW  ARM, ETC.)  21f LOCAL  STRE	INJURY OCCURRE	200 AUTOPSY? YES NO MORE CITY OR TO  CITY OR TO  ACCURRED A TO  MEDICAL STAL DIRECTOR PHYSIC	20b. IF YES, IN CERTIFY YES  RY IN ITEM 18 PA  WN  in ote ond hour  IL Exam  FF  CIAN	WERE FIND IN TING CAUSES  COUNTY  COUNTY  Ond from the	the co
oched for use os the businessings permit in men proces in Dept. of Health and Mental Hygiene prior to bursing con- trem 21 is marked or item 18 shows any injury, or other	MEDICAL	gove rise to immediate couse (a), stating the underlying couse lost underlying couse lost part 2. Other Signification of the contribution of contributing account was underlying or contributing account of the contribution of th	DUE TO, CO.  (c)  NT CONDITIONS CO.  19b. COND  19b. COND  AMINER)  21b. TIME CO. HOUR A. HOUR A. MINER)  21c. PLACE (AT HOME ST.  AND THE CO.  CO.  CO.  CO.  CO.  CO.  CO.  CO.	ONTRIBUTING TO I	OPERATION WAS PERF  AY YEAR  19  216. HOW  SARM, ETC.)  Ond that in (m  DEGREE I	INJURY OCCURRE  TION  TION  TION  TION  TION  TO POSITION OF THE PROPERTY OF T	200 AUTOPSY? YES NO MORE CITY OR TO  CITY OR TO  ACCURRED A TO  MEDICAL STAL DIRECTOR PHYSIC	20b. IF YES, IN CERTIFY YES  RY IN ITEM 18 PA  WN  in ote ond hour  IL Exam  FF  CIAN	WERE FIND IN TING CAUSES  COUNTY  COUNTY  Ond from the	the con
oched for use of the bulloarings permit, then provide use the bulloarings and the bulloaring to burst to burst of creat if them 21 is morked or them 18 shows ony injury, or other them 21 is morked or them 18 shows ony injury, or other them 21 is morked or them 18 shows ony injury, or other them 21 is morked or them 18 shows ony injury, or other them 21 is morked or them.	WEDICAL WEDICAL	gove rise to immediate couse (0), stoting the underlying couse lost underlying couse lost 190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OPERATION OR CONTRIBUTING CAUSE OF BETTHER NOTHER MEDICALERA INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK AT WORK  214. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK AT WORK  215. STATE OF THE	DUE TO, CO.  (c)  NT CONDITIONS CO.  19b. COND  19b. COND  AMINER)  21b. TIME CO. HOUR A. HOUR A. MINER)  21c. PLACE (AT HOME ST.  AND THE CO.  CO.  CO.  CO.  CO.  CO.  CO.  CO.	ONTRIBUTING TO I	DEATH BUT NOT RELATION WAS PERF  AY YEAR  19  21f. HOW  ARM, ETC.)  21f LOCAL  STRE	INJURY OCCURRE  TION  EET  TO DEPUTY CHATTENDING PHYSICIAN EES  EESS  R CREMATORY	200 AUTOPSY?  YES NO NO CITY OR TO  CITY OR TO  POTH OCCUTTED ON THE did  MEDICAL STAI  DIRECTOR PHYSIC  T. Balto	20b. IF YES, IN CERTIFY YES RY IN ITEM 18 PA  WN  1001e and hour  FF LAN   200, MD.	COUNTY  WERE FIND IN TING CAUSES  COUNTY  Ond from the  1/	the co

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DHMH - 16 50M 4/8 (VRA 15, 4)

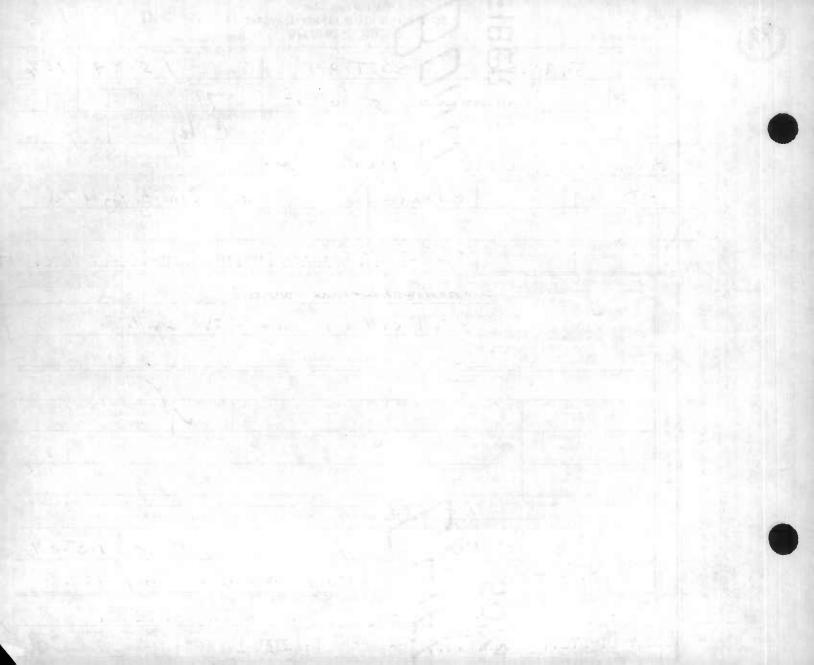
	1.	STATE REGISTRAR		DEPARI		CATE OF D	EATH	REG. N	0.		
		CEASED NAME FIRST		MIDDLE	LA	AST		20. DATE OF DEATH		AY YEAR	2b. HOUR
	FIFE	Willian	1	н.	Booke	r Sr		January 22	2, 1	984	5:00 P.M
(	3. SE.	X	4. RACE		5. DATE O		WEAD.	6. AGE (IN YEARS LAST BIR	THDAY)	FUNDER I YEAR	IF UNDER 24 HRS
1		Male		Black	11	6	16	67	YRS.	JNIHS DATS	HOURS MIN.
11	7a. B	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	8.	□ NEVER A	Annie D	9. BALTIMORE CITY C		OF DEATH	
$m_{\odot}$		irginia	U	.S.A.	WIDOWE		ORCED X	Baltimore	City		MD.
1/	10 C	ITY OR TOWN OF DEATH	11, NAME OF	HOSPITAL, NURSI	NG HOME O			12a USUAL OCCUPATI	ION	126. KIND C	OF BUSINESS OR
18	B	altimore		cheacility, give street and Gener		pital		(TYPE OF WORK EOR MOST C	)E WORKING LIFE)	INDUSTRY	
118	USU.	AL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTION		E ADMISSION)	13d. INSIDE C	TV LIANTED	13e STREET ADDRESS			
クク		aryland	01411	Baltin		YES X	NO []	5810 Edg	enark	Road	21215
7	-	ATHER'S NAME					MAIDENNAM	ΛE	Сратк		
VI	1	EIRSI	MIDDLE	LAST			eirst R T V	WIDDLE		H O	enrv
-		VAS DECEASED EVER IN U.S.		166 SOCIAL SECT	JRITY NO.	17 INFORMA		ADDRE	SS	116	пту
	()		JII	213-07-	-2160	Thelm	na Pow	ell 1532	Stone	wood	Road
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause pe	r line far (a), (b), ar	nd (c).)					APPROX	ONSET AND DEATH
		PART I. DEATH WAS CAU	SED BY:	Respirato	ry Arr	est					A. Carrier
		4360		R AS A CONSEOU							)
		Conditions, if ony, which	(b)	X 40 4 CO 1000	erree or					0-15	
		gove rise to immediate couse (0), stating the		R AS A CONSEOU	ENCE OF	734.50				-17	
,		underlying couse last.	(6)	AS A CONSCOO	ENCE OF					+ 111	
		PART 2 OTHER SIGNIFICAN	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	OT RELATED	TO THE TERMI	NAL DISEASE OR CON	DITION GIVE	N IN PART I	a ·
	CERTIFICATION	Gangrene Toe	es, Cereb	rovascul	ar Acc	ident					
1	CAT	190. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	WAS PERFO	RMED	20a AUTOPSY?		WERE FINDI	NGS USED S OF DEATH?
10	E							YES NO	YES		NO [
9	Ü	21a. ACCIDENT WAS UNDERLYING		OF INJURY .M. MONTH D	AV VEAD	21c. HOW IN.	JURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	T I OR PART 2)	
/	N.	OR CONTRIBUTING CAUSE OF D	LAIII .	.M.	19	Lond					
	MEDICAL	214 INJURY OCCURRED		OF INJURY REET, EACTORY, OFFICE,		21f LOCATIO	N N	CITY OR TO	ha/hi	COUNTY	STATE
	Σ	AT WORK NOT WHILE	(AT HOME, ST	REET, EACTORY, OFFICE,	FARM, ETC.}	STREET		CHI ON TO			STATE
	19	220 I certify that (lix(this has	pital) attended th	ne deceased from_	Decemb	er 20	. 19 83	January	22	9_84	that (X (we) last
		saw the deceased alive abave, (X(we) (did) (dXd)	on January	ofter death.	84 , and	d that in (Ay)	(our) apinian a	leath occurred on the do	ate and haur	and from the	causes stated
		226. SIGNATURE	0		D	EGREE		-71 A		22c. DATE	
		some	c 251	am	es Ti	I U	TTENDING HYSICIAN	MEDICAL STAI	IAN	11/2	12/89
	39	224. PHYSICIAN'S NAME (TYP	E OR PRINT)			22e ADDRESS	5	0.0.1			
		Bruce Shame				C/0	Marylan	d General H	lospita	1	
		BURIAL, CREMATION, REMOVA				METERY OR C	REMATORY	23d LOCATION			3.C STATE
			1/20	7/04 G8	erris	on For			Mills		M date
32		UNERAL DIRECTOR	Inc	1101 ADDRESS N	Jorth	Avent	250 DATE	REC'D. BY REGISTRAR	256. REGISTR	AR'S SIGNAT	URE Alaria d

STATE OF MARYLAND

STATE OF MARYLAND

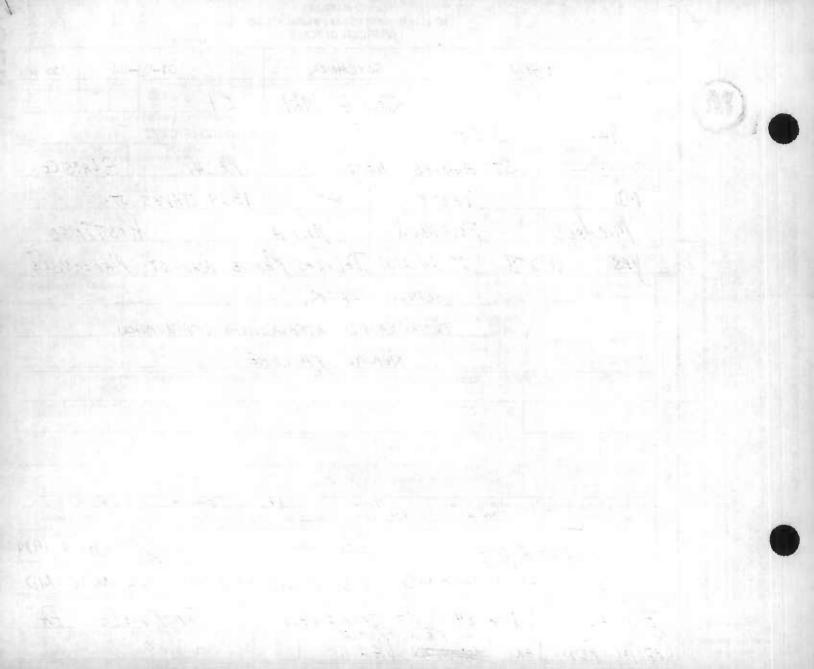
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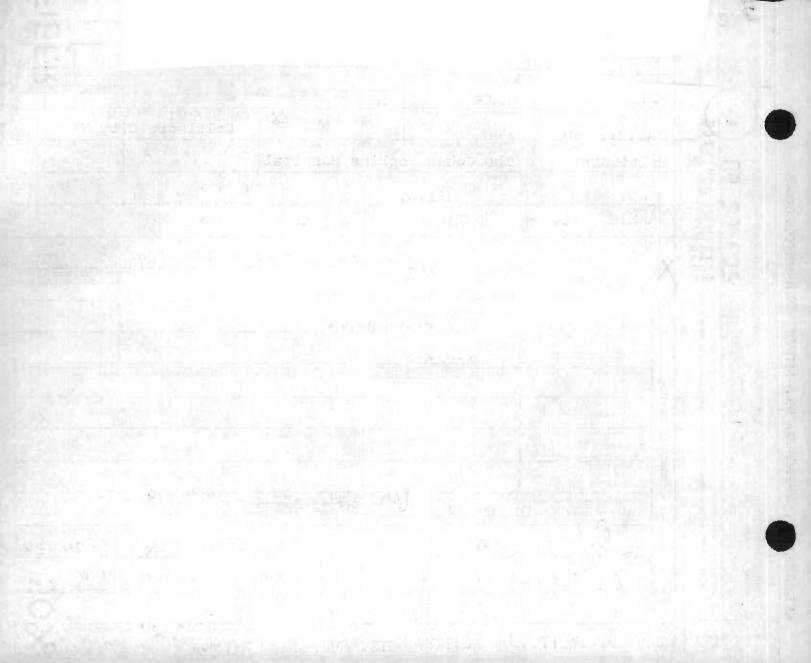
STATE OF MARYLAND



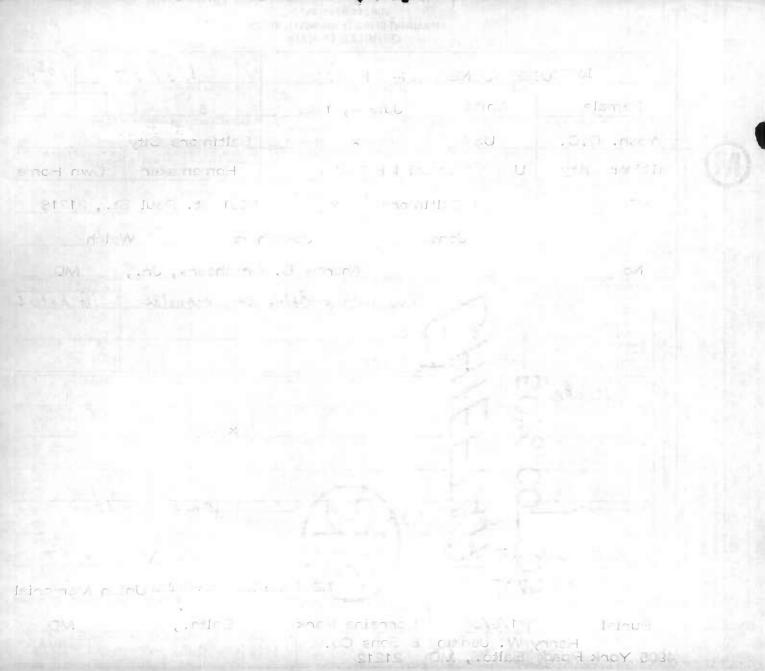


	1 -	FOR STATE REGISTRAR	DEPAR	CERTINICATE OF DEATH	GIENE 8 AS ()	0 / 7 5
		EASED NAME FIRST OR PRINT) DOT	minic*.	Boykins	20 DATE OF DEATH MONTH 01/24/84	2b HOUR 12:451
1	3. SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
ni		LE	BLACK	9 3 DAY 83 YEA	YRS	4
0	D	OUNTRY)  TO MD.	USA	MARRIED NEVER MARRIE	Baltimore (	
3		ltimore		NG HOME OR OTHER INSTITUTIO TADDRESS) Hopkins Hospit		12b. KIND OF BUSINESS OR INDUSTRY
5	USUA 13a. S	RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	NN. 134 INSIDE CITY FIN	- 13F1/1 F - D	2211
1		THER'S NAME	MIDDLE BOYKINS	DARLENE		LAST
į		AS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL SEC		ADDRESS BOYKINS 1514 EUTA	AW PL. 21217
1		PART I. DEATH WAS CAUS	Inly one cause per line far (a), (b), ai ED BY: ATE CAUSE (a) (PVCbY) DUE TO, OR AS A CONSEQU	I I Schemia		APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH
	z	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	JENCE OF	E TERMINAL DISEASE OR CONDITION GIV	VEN IN PART 110
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	N CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
_	簽	710. ACCIDENT WAS UNDERLYING	- 110115 4 11 11011711 5	DAY YEAR 21c HOW INJURY C	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
4	A.	OR CONTRIBUTING CAUSE OF DE	MIN	19		
7	CAL	(IF EITHER NOTIFY MEDICAL EXAMINED	MIN	19 211 LOCATION	CITY OR TOWN	COUNTY STATE
7	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINITY OF THE INJURY OCCURRED  WHITE NOT WHITE AT WORK  AT WORK IN HORR  220.1 certify that (1) (this hasp	P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.  Dital) attended the deceased fram.	FARM, ETC.) 711 LOCATION STREET	city OR TOWN	19
7	CAL	(IF EITHER NOTIFY MEDICAL EXAMINITY 21d. INJURY OCCURRED  WHIE NOT WHIE AT WORK  22d. I certify that (I) (this hasp  time deceased alive a above in (we) (did) (did of  The SIGNATURE	P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE  potal) attended the deceased from 1245 PM 1-24 194  att view the body after death.	FARM, ETC.)  711 LOCATION STREET  , and that in (my) (aur) a	pinian death occurred an the date and has	19
7	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINITY 21d. INJURY OCCURRED  WHIE NOT WHIE AT WORK  22d. I certify that (1) (this hasp  the deceased alive a chown A (we) (did) (did a	P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.  Dital) attended the deceased fram,  1245 P.M. 1-24, 195 att view the bady after death.	PARM, ETC.)  711 LOCATION SIREET  711 LOCATION SIREET  ATTEND PHYSIC  726. ADDRESS	pinian death occurred an the date and have	19 4, that (I) (we) last ur and from the causes stated  22c. DATE SIGNED  1 - 24 - 84

RELEASE IN APPROVALMERS SAY PHOTOPERALMER CORECORNO



X	1	7	FOR STATE	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	GIENE 8-4	00176
1-			REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
			DECEASED NAME FIRST TYPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	page 3		LOU	ISE JONES	BRASHEARS	1/6/	84 135pm
	mod	3	SEX	4 RACE	S. DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
	act of a	11	Female	White	July 4, 1898	85 YR	s.
	# 2 ¥	M	1. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	NTY OF DEATH
	5		Wash. D.C.	USA	WIDOWED DIVORCED	Baltimore C	ity MD.
	100周号	1,1	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STE	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR
102	S CHAIN	4	Baltimore	Union Memor	rial Hospital	Homemaker	
RYLAND 2120	hou ad	75.	JSUAL RESIDENCE (IF NURSING HOME OF 13b. COL	DR OTHER INSTITUTION, GIVE RESIDENCE BE JINTY 13c, CITY OR TO		13e. STREET ADDRESS	
ANG	o 24	2	MD	Balti		3501 St. Pau	1 St., 21218
RYL	H 25 M	ha	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AWE	LAST
W	P T	W	?	Jones			Welch
ORE,	and cand cand cand cand cand cand cand c	1	(YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	
BALTIMORE	be e		No		Andrew D.	Brashears, Jr	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RDS, 201 W. PRESTON	equires that the death or signed by the attendion then please remove cor to burial, cremation, or injury, or other traumati				TS	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
L RECO	no.  no.  hos been permit, and prior	7	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES TO NO TO
DIVISION OF VITAL RECORDS,	SICIAN: The physicion certificate in vial-transit entol Hygie them 18 sho		on convenience Construction	EATH HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM	
NOISINI	ING PHYS r ottendin free this as the bur th and Me		OR CONTRIBUTING CAUSE OF DIE	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	CE, FARM, ETC.)  21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	ATTENDIFICATION OF TECTOR: A sed for use of the other o		sow the deceased alive a	ontol) attended the deceased from  MANY O  15  15  16  17  18  18  19  19  19  19  19  19  19  19	~11	n death accurred on the date and	, 19 4, that (1) (we) lost hour and from the couses stated
	ital Or by the b isal Directors store Dej	,	SE BM	indt MD	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	1/6/84
2	TO HOSPITAL retained by the TO FUNERAL should be determent the Store with the Store IMPORTANT: 1	4	B.E. BRA	ANDT	UNION MEN		Union Memorial
		2	3a. BURIAL, CREMATION, REMOVA (SPECIFY)		A. NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
	BP		Burial	1/9/84	Lorraine Park	Balto.	MD
C	HMH - 16 50M 4/82 (VRA 15, 4)	2	FUNERAL DIRECTOR Henr NAME 1905 York Road	y W. Jenkins	& Sons Co.	ATE REC'D. BY REGISTRAR 256. REG AN 9 1984	ISTRAK'S SIGNAL OF THE LAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG NO MIDDLE I. DECEASED NAME 2a. DATE OF DEATH MONTH 26. HOUR (TYPE OR PRINT) HESTER BRAZIER 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDER 24 HRS YEAR Female White 70 BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** I STATE OR FOREIGN MARRIED NEVER MARRIED Balto. BAL TIMORE 11de WIDOWED DIVORCED [ B. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE UNION MEMORIAL HOSPITAL Laundry USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 13c. CITY OF TOWN lid. Balto. Nicholas Ave. -21206 YES X NO [ 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST Thomas Jordan ADDRESS 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ( IF YES, GIVE WAR OR DATES! (YES, NO OR UNKNOWN) Masek - 4262 Nicholas Ave Irene L. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Drumones IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a Failure 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDIC ALEXAMINER) 19 P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CHYORJOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased glive an obove ((I)/we) (did)/(did not) view the body after death , and that in my (our) opinion death occurred on the date and hour and from the causes stated 27h: 5HSN/A/TURE DEGREE 22c. DATE SIGNED MEDICAL

PHYSICIAN [] DIRECTOR PHYSICIAN

STATE

22d. PHYSICIAN'S NAME ITYPE OF PRINT ROBERT VISSING

23a. BURIAL CREMATION, REMOVAL

77e. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/83 (VRA 15, 4)

0

MPORTANT:

Burial Parkwood (emeteri) 24 FUNERAL DIRECTOR Miller Inc-6415 Belair Rd. -21206

236. DATE

23d. LOCATION

Balto.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

COUNTY

15 de la come ava, - 17 tes A CARLON CONTRACTOR OF THE PROPERTY OF THE PRO 1,5 no bes Belleville 1986 and the control of t

Male Ballymore 2909 Ulman Ave OM

Black 4 40 80

USA

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29 of Ulmon Ave

WILLIAM BRIGHTFUL CHARLENE 2,9371

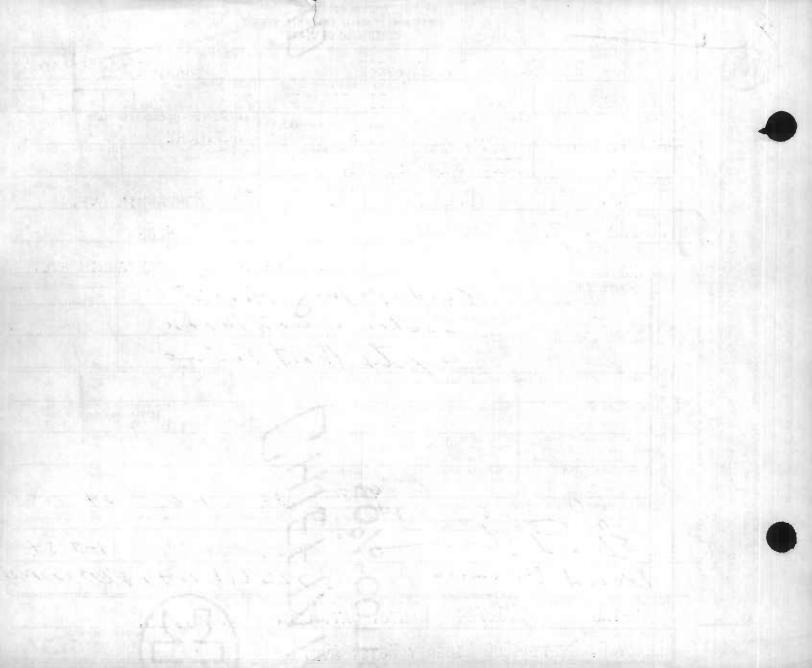
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cardiorcipiatory aucst 1/18/84 Disminated Neurobla stomal 11/10/83

0 42 21/1 18 84/101/A8 91/1 0 plance 1 Ibon HD X8181/1 -

BLANCA L IBOR MD 22 J. GREENE ST. BOILD HOZIZIL

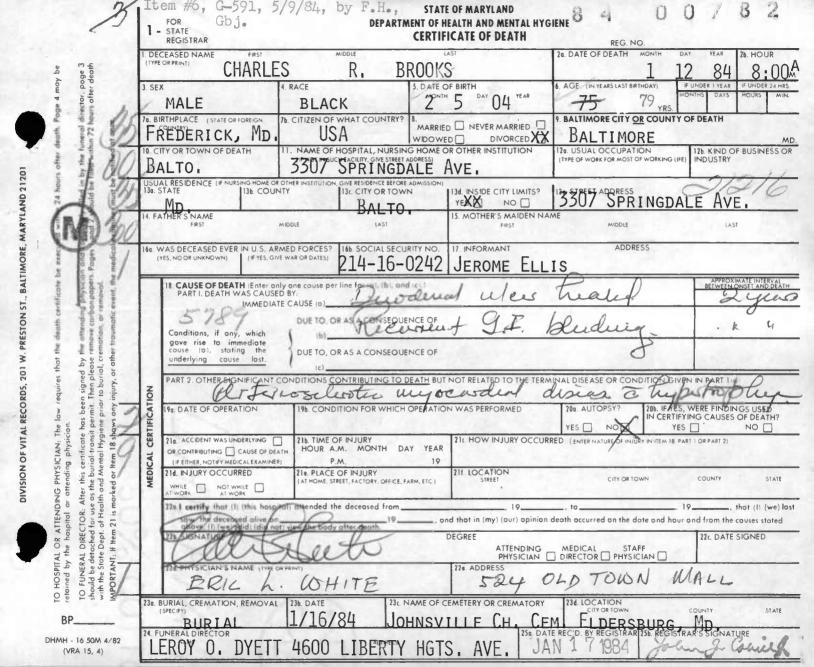
//					SIAI	E UF MARTI	LAND	6.30	100	at the		4.5
7.11	1.	FOR STATE RECOTRAN		DEPAR		ICATE OF	MENTAL HYG DEATH	IENE O	REG. NO.	()	0 /	79
M		ARTHUR LANGUE	EST I	NE M. B	RISCO			2a. DATE OF		6,	1984	12:30
ector.	1.58	EMALE	4. RA	BLACK	5 DATE (	of BIRTH	07 <sup>EAR</sup>	6. AGE (IN YE	ARS LAST BIRTHDAY			HOURS MIN.
win 72 hou		TO ME TOWN OF BEATH		USA	WIDOW		MARRIED	BALT		UNTYC		MD.
Office the	BA	ALTO.	7	NAME OF HOSPITAL, NURS DUTO MONDAW	MIN A	VE .	STITUTION		PCCUPATION FOR MOST OF WOR	KING LIFE)	12b. KIND OF INDUSTRY	BUSINESS OR
Se porte	13n. S	MD.	HOME OR OTHE	R INSTITUTION, GIVE RESIDENCE BEF 34. CITY OR TO BALTO		YES 💢	CITY LIMITS?		DDRESS MONDA	IIMW	N AVE.	216
T Trans		ORDAN	T. MIDDL	GWALTNEY		Ann		ME	ME.	BB	LAST	
Poges Peredical		VAS DECEASED EVER IN (ES, NO OR UNKNOWN) {	U.S. ARMED IF YES, GIVE WAR		CURITY NO.	DONA		SCOE 3	ADDRESS 002 M	ONDA		AVE.
Then please remarks or to busine, cremation, injury, or other trauema	NON	Conditions, if any, w gove rise to immed couse (o), stofing underlying cause	which diote the lost.	DUE TO, OR AS A CONSECUTION OF THE CONTRIBUTING TO	My	e the	at to the term	Fa 1/	OR CONDITIO	, DN GIVER	V IN PART Ita	
of permit	CERTIFICATION	196. DATE OF OPERATIO		196. CONDITION FOR WHI	H OPERATIO			20a AUTO	NO ON	CERTIFY		
riet-transental Hydron 18 s	11/2/2011	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL	ISE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR		INJURY OCCURE	RED (ENTERNAT	URE OF INJURY IN I	TEM 18 PAR	IT 1 OR PART 2]	
th and M prived or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	E. FARM ETC )	211. LOCAT STRE	ION ET		CITY OR TOWN		COUNTY	STATE
DIRECTOR: A sched for use Dept. of Heal Fleen 21 is eu	THE SERVICE			ottended the deceosed from		nd that in (	(our) opinion of	, to death occurred MBBICAL	on the date o	nd hour o		
TO FUNERAL hould be detu- with the State MPORTANT.		234 PHYSICIAN'S NAM	E TYPEOURIN	(1) vm 94		220 ADDRE	PHYSICIAN E	C, b	PHYSICIAN		nn.	13me
P		BURIAL	MOVAL 23		ALTO.	NAT.	CEM.	BAT.	TO M	D.	COUNTY	STATE
H - 16 50M 4/82 (VRA 15, 4)		EROY O. DY	ETT L	4600 LIBERT	Y HGT	s. Av	E. 250. DAT	8 1	GISTRAR 25b. F	la de	0 12	chieff.

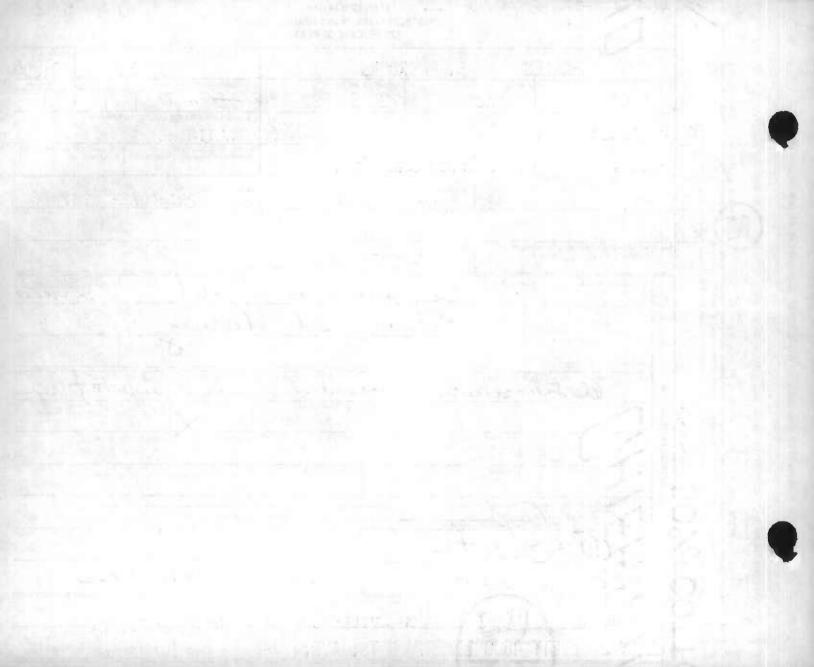


/ 1				STATE OF MARYLAND	8 4	00/00
. / 7		OR	DEPAR	TMENT OF HEALTH AND MENTAL	HYGIENE	
1 - arti		EGISTRAR		CERTIFICATE OF DEATH	REG. NO	o.
1-16	DECE	ASED NAME FIRST	WIDDLE	LAST	2a, DATE OF DEATH	MONTH DAY YEAR 26 HOUR
88.4	11111	Philande	er Bowen	Briscoe Di	1-28	84 950 AM
	1. SEX	Very to the second	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
1		Male	White	12 23 18		2 yrs.
¥ 16		HPLACE ASSAULT ON FOREIGN	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH
15 1821		aryland	USA	WIDOWED DIVORCED	1 Baltimo	re City MD.
1 1/	III. CITY	OR JOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NURS         UE NOT IN SUCH FACILITY, GIVE STRE     </li> </ol>	ING HOME OR OTHER INSTITUTION ET ADDRESS)	12a USUAL OCCUPATI  (TYPE OF WORK FOR MOST O	
100	Bal	Timore City	3811 Canterby	17 Road 2121	8 Attorner	emalared
	USUAL 13s. STA	RESIDENCE (IF NURSING HOME OR I	OTHER INSTITUTION, GIVE RESIDENCE BEFORE  TY 13c CITY OR TO	ORE ALMISSION) WN 13d. INSIDE CITY LIMITS	32 13e STREET ADDRESS	ZIP CODE
1 3	Ma	ryland		MOTE YES X NO	12011 0 1	SICIS FOOD SIDIS
7)	A FATE	HEA'S NAME	AIDDLE LAST	15. MOTHER'S MAIDEN	NAME	LAST
9//	_	-10	an Brisc	oe Kate	McPherso	n Bowen
8 9 1		S DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SE	CURITY NO. 17. INFORMANT	ADDRE	SS
P.09	(115)	NO OR UNKNOWN) (IF YES, GIVE	/ T 217/38	15933 Wile (1	-VISA   Br	(scoe)
1 / 1	Ti	CAUSE OF DEATH (Enter an	y ane cause per line far (a), (b),	and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Dog III		PART I. DEATH WAS CAUSED	ECAUSE (a) Cari	diac arres	+	0
4 6 6 6 6		4292	DUE TO, OR AS A CONSEQ	HENCE OF		
900 C		Conditions, if any, which	( b) C	V. A		6 claus.
17 1		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQ	LIENCE OF		. 8
# 5 f		underlying cause last.	A.S.	C. U. D		1 Due ais
7.0	P	ART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	FERMINAL DISEASE OR CON	DITION GIVEN IN PART 110
224	Ž	0				
1000	CERTIFICATION	a DATE OF OPERATION	1%. CONDITION FOR WHIC	TH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
111	£	0			YES NO	YES NO
1 2/1	8 7	In. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)
1 19	3 6	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)		19		
2 6	MEDICAL	1d. INJURY OCCURRED	71e. PLACE OF INJURY	211 LOCATION	CITY OR TO	WN COUNTY STATE
9		WHILE NOT WHILE TWORK	TAT HOME STREET, FACTORY, OFFIC	E. PARM, ETC )		
0 6	2	20.1 certify that (I) (this hospit	attended the deceased from			, 19 8 7, that (I) (=ve) lost
200		saw the deceased alive an above, (1) (we) (did) (did)	1 - Z 6 19	84 , and that in (my) (corr) api	nian death accurred an the de	ote and hour and fram the causes stated
25 5	2	2h SIGNATURA	, view inte budy differ dediff.	DEGREE		22c. DATE SIGNED
00 ±	530	Mul	Wout	Regue M ATTENDIN	MEDICAL STAI	IAN 11-2X-24
ORTAN	2	ZE PHYSICIAN'S NAME (TYPE OF	R PRINT)	22e. ADDRESS		
A the St		MONTE	AGUE F	1. 582	Vork	Rel. Balto Hed.
413	23a BU	RIAL, CREMATION, REMOVAL	23h. DATE 23	NAME OF CEMETERY OR CREMATO		Prince Frederick.
	(SP	eciri urial		t. Paul's Epis.	CITY OR TOWN	Co., COUNTY MD STATE
. 5044 4/90	24 FUN	PERAL DIRECTOR Henry	W. Jenkins			THE GISTRAN'S MIGH QUEE
6 50M 4/83 15, 4)	1006	York Road	Balto., MD	21212 J	AN 3 U 1984	John of County

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STATE OF CASE SANGED STATES OF THE STATES OF OP TO STORY SECURITY TO STORY Small to Common of Tallang a transfer of the first of the first of 49/19/1

	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENT CERTIFICATE OF DEAT		0 0 /	8 4
- 1		CEASED NAME A FIRST	MIDDLE	LAST		ONTH DAY YEAR	2b. HOUR
		Anna	D.	Brown	0.	10784	1 PM
:( M)	3. SE.	emale	1. RACE	5. DATE OF BIRTH .  MONTH DAY YI	6. AGE (IN YEARS LAST BIRTHE	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
8 10/11	7a. 81	RTHPLACE   STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	8	- 9 BALTIMORE CITY OR	11101	
15/100		arvland	USA	MARRIED NEVER MARRI			MD
1 /1 /1		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTI	ON 120 USUAL OCCUPATION		F BUSINESS OR
# 1 # 1 (V/)	P	PACTIMERS	DEATON Mad	The second second	Omestic T		
orthin 24 Hoter	13a. S Ma		R OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION) VN 136 INSIDE CITY LIV	AITS?   130. STREET ADDRESS   3412 Bater	man Avenue	1016
and and	Th	omas H. Derr		Elizab		Edward	is
Poges,	160 V	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES! 5 75-46	IDITY ALO 11 INCODULANT	uise Turks-cou Baltimore, Ma	usin-3412 arvland	Bateman
that the death cer dop the attending lease remove corbs or other traumate e		Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE (c)	ENCE OF			
he low requires on. has been ugle if per mit Then p ene print to built	CERTIFICATION	ASCUDE COLOR  190. DATE OF OPERATION	imegaly Hy at	DEATH BUT NOT RELATED TO THE STREET OF THE S	20a AUTOPSY?	DO GIVEN IN PART IN OCHUS ON PART INDIA DO IF YES WERE FINDIA N CERTIFYING CAUSES YES	NGS USED
g physic certificate inal trian men 18 M		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.		AY YEAR	OCCURRED (ENTER NATURE OF INJURY)	N ITEM 18 PART 1 OR PART 2)	
ottendir frer mu os the brond m chould m	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	-	CITY OR TOWN	COUNTY	STATE
RECTOR: A ed for use pt. of Heoli em 21 is me			ital) attended the deceosed from. 7 19	, ond that in (myD)(our)	opinion death occurred on the date	•	
SPITAL OR A d by the hos HERAL DIREC TENTE DEPT.	4	224 PHYSICIANS NAMED 1100	Klass	ATTEN	DING MEDICAL STAFF CIAN DIRECTOR PHYSICIA	1 1/	184
TO HOS	23a 8	URIAL, CREMATION JEMOVAL	Kloesz 1230	FHC - (	Lofmal Hasp	225 Gree	rest
BP	Li	Surial A	Jan. 14,1984	Lincoln Mem	orial Cemeter	Suitland	
HMH - 16 50M 4/82 (VRA 15, 4)		ewart Fu era	1 Home-4001-B	enning Rd., N	E JAN 1 7 1984	REPOTRAR'S SIGNAT	Caused

BP

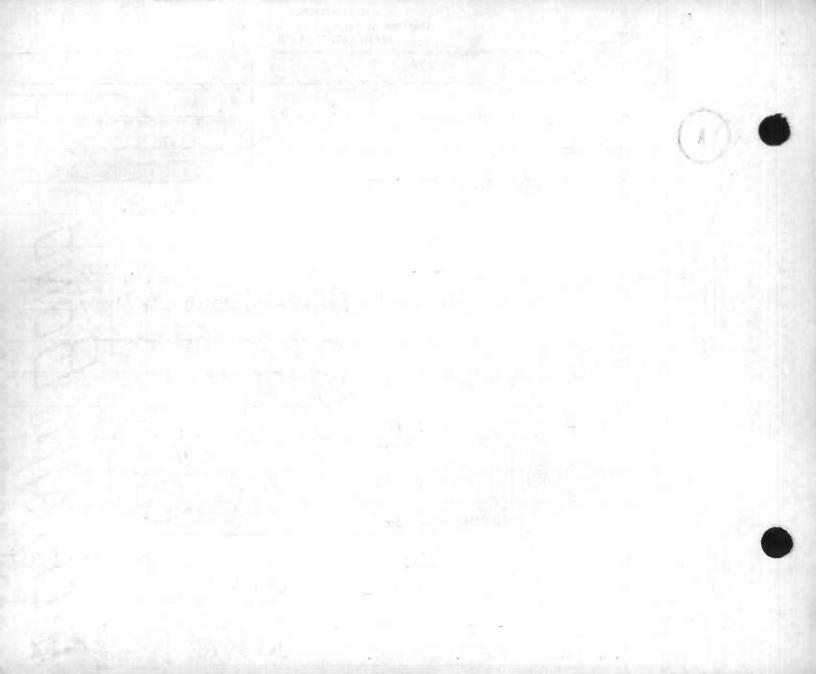
DHMH - 16 50M 1/76

(VR A 15 (4))

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR	DEPAR		ALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	0 / 0 0
1. DECEASED NAME FIRST	MIDDLE	LAS	ī	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Clarer	100	Brown		1	24 84
3 SEX	4 RACE	5 DATE OF	BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HE
MALT	DIAON	MONTH	DAY YEAR	40	MONTHS DAYS HOURS MIN
	BLACK  76 CITIZEN OF WHAT COUNTRY	Y? 8	11 39	9 BALTIMORE CITY OR COL	VRS. UNITY OF DEATH
MARYLAND  14 FATHER'S NAME PIRST  HARRY  160 WAS DECEASED EVER IN U.S.	410	MARRIED.	XX NEVER MARRIED		
	11. NAME OF HOSPITAL NURS	WIDOWED		CITY  12a USUAL OCCUPATION	126. KIND OF BUSINESS O
21.000.000	(IF NOT IN SUCH FACILITY, GIVE STRE		4.0	(TYPE OF WORK FOR MOST OF WORK	
	900 LENTON AV		12		
13a STATE   13b C	OUNTY 130 CITY OR TO	NWC		13e STREET ADDRESS	
	IBALTIMO		YESXX NO []	900 LENTON A	VE. 21212
FIRST	MIDDLE LAST		FIRST	WIDDIE	LAST
	BROWN . ARMED FORCES? 166 SOCIAL SE	CURTYLIC	QUEENTE 17. INFORMANT	ADDRESS	BING
TYES, NO OR UNKNOWN) (IF YES,	, GIVE WAR OR DATES)	200 11 100			T 01010
YES 1	217-28-	3922	JUNE BROWN	900 LENTON AV	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	NT CONDITIONS CONTRIBUTING TO	O DEATH BUT N	NIA		
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	CH OPERATION	WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \) NO \( \)
	F DEATH HOUR A.M. MONTH	NAJA PEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITE	M 18, PART 1 OR PART 2)
	21e PLACE OF INJURY	110.	211 LOCATION A A	/ A	
OR CONTRIBUTING COSE OF	(AT HOME, STREET, FACTORY, ONLO	E, FARMCETC.)	STREET	CITY OR TOWN	COUNTY STATE
220.1 certify that (I) (this hi	ospital) attended the deceased from		STREET 19_8.3	to January	, 19_84, that (I) (was
AT WORK AT WORK	ospital) attended the deceased from		STREET 19_8.3	to January	The state of the s
220. I certify that (1) (this his sow the deceased alives above 1) we find that	ospital) attended the deceased from	84 , and	that in (my) (aur) apinian of GREE  A TIENDING PHYSICIAN	eath occurred an the date an	, 19_84, that (I) (we)
220.1 certify that (I) (this his sow the deceased alive	ospital) attended the deceased from	84 , and	that in (my) (aur) apinian a	eath occurred an the date an	d haur and from the causes stated
AT WORK  220.1 certify that (I) (this his sow the deceased alive above 11 were died this	ospital) attended the deceased from the body after death.  PECOR PRINTI  SEL-HEV  VAL 23b. DATE 23	NAWY	that in (my) (aur) apinian of GREE  A TIENDING PHYSICIAN	eath occurred an the date an	d haur and from the causes state



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

GE (IN YEARS LAST BIRTHDAY

REG. NO.

IF UNDER 1 YEAR

MONTH

2b. HOUR

6:30p

Pinen

1. DECEASED NAME	FIRST	MIDDLE	LAST		2a. DATE OF DEATH
(TITE ON PRINT)	CLARENCE	PAUL	BROWN		
3. SEX	4. RA	ACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST
Male		White	Sept. 22		54
7a BIRTHPLACE (STA	TE OR FOREIGN 76. C	ITIZEN OF WHAT COUNTRY	MARRIED NE	VER MARRIED	9. BALTIMORE CITY
Maryland	1	USA	WIDOWED	DIVORCED	BALTIMORE
10. CITY OR YOWN O	DEATH 11.	NAME OF HOSPITAL, NURS	ING HOME OR OTHER	INSTITUTION	12a. USUAL OCCUPA

ALTIMORE CITY OR COUNTY OF DEATH ALTIMORE CITY

12h KIND OF BUSINESS OR INDUSTRY

Lee 16h SOCIAL SECURITY NO 60 WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO OF PHKNOWN) POREAN DATES

N36 COUNTY

USUAL RESIDENCE (IF NUR IN THE HOLD OF STHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

BALTIMORE

mulana

220-20-3762

MEDICAL CENTER BALTO

Baltimore

Brown

FIRSTLAdys 17. INFORMANT Mrs. Inene Betty Brown, Same as above

PART I. DE ATH WAS CAUSE	ly one cause per line for (a), (b), and (c).)  D BY: E CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	T 1 year
gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	

13d. INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN NAME

				YES NOT
21a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH	110110 1 11 1101TT	DAY YEAR	21c. HOW INJURY OCCURRED	(ENTER NATURE OF INJURY
(IF FITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21d INJURY OCCURRED 21e. PLACE OF INJURY NOT WHILE

27a.1 certify that () (this hospital) attended the deceased from\_

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC )

211 LOCATION

CITY OR TOWN

20a AUTOPSY?

YES [ IN ITEM 18 PART I OR PART 2)

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

COUNTY

and that in (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL STAFF
DIRECTOR PHYSICIANXX PHYSICIAN |

22e. ADDRESS

190 DATE OF OPERATION

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION

laryland

DHMH - 16 50M 4/83 (VRA 15, 4)

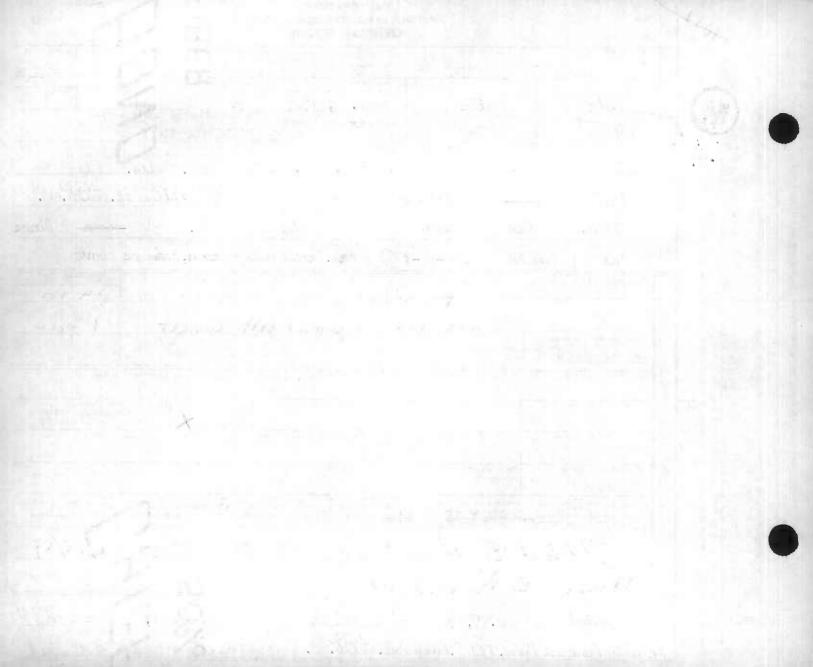
Buria

230 BURIAL CREMATION, REMOVAL

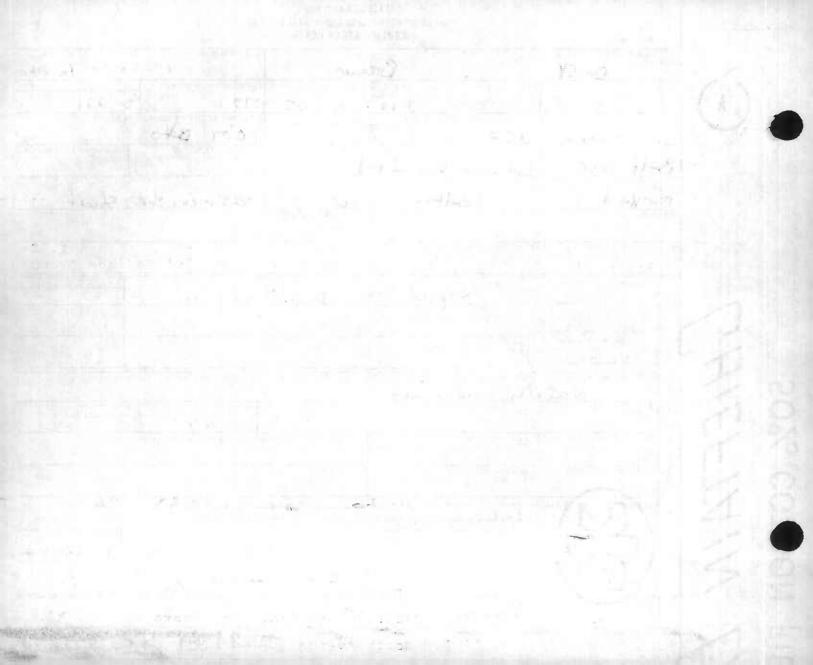
Mc ully Funeral Home, 130 E. Fort Ave. Ballo. Md.

23b. DATE

BY REGISTRAR 25h, REGISTRAR'S SIGNATURE

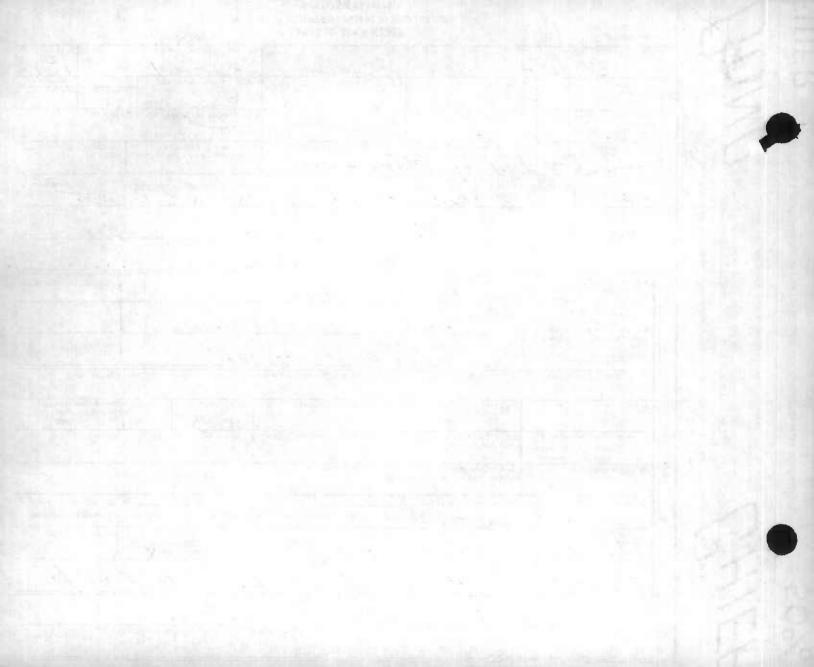


1	FOR - STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE B 4	00/8/
	PECEASED NAME FIRST	B.	Brown	20. DATE OF DEATH MONTH	- 23-84 12.20PM
$\sqrt{\frac{3.5}{2}}$	Female	4 RACE Black	S. DATE OF BIRTH MONTH DAY YEAR 5 11	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
70. N	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  I. Carolina	16 CITIZEN OF WHAT COUNTR	MARRIED WEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COU	O- MD.
Has	SALL: MORE	(IF NOT IN SUCH FACILITY, GIVE STE	SING HOME OR OTHER INSTITUTION EET ADDRESS) P. DE M	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	NG LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
JE 130	UAL RESIDENCE (IF NURSING MOME STATE 13b. CO	OR OTHER INSTITUTION GIVE RESIDENCE BE UNITY 13c. CITY OR TO	DWN 13d INSIDE CITY LIMITS?	130. STREET ADDRESS 325 MCMCC	her Sheet 212
O.	FATHER'S NAME N/A PIRST	MIDDLE LAST	N/A	NAME	LAST
1	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL SE N / A		ADDRESS . Brown 1701	Apt.5C Madison Avenue
CERTIFICATION		beter melli	O DEATH BUT NOT RELATED TO THE TE	200 AUTOPSY? 20b. 1	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
//	OR CONTRIBUTING CALISE OF	DEATH HOUR A.M. MONTH	DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITE	
0	21d. INJURY OCCURRED	P.M.  210. PLACE OF INJURY (AT HOME STREET FACTORY, OFFI	19 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
MEDICAL	WHILE NOT WHILE				
MEDICAL MEDICAL	27a.1 certify that (I) (this has sow the deceased alive	spital) attended the deceased fra an 1 2 3 19 nat) view the bady after death.	DEGREE */	an death occurred an the date and	19 84, that (I) (we) lost thour and from the causes stated  22c. DATE SIGNED  1 22 - 84
# Mebil	22a. I certify that (I) (this has sow the deceased alive above. (I) (we) (did) (did) 22b. SIGNATURE #4	an 23 nat) view the bady after death.	DEGREE *	an death occurred an the date and	hour and from the causes stated



TO DECASED NAME  BABY BOY  BROWN  IT JANUARY  1 PAGE OF DETAIL MODITION  AND THAT DETAILS DECASED NAME  BABY BOY  BROWN  IT JANUARY  1 PAGE OF DETAIL  JOSEPH JOSEP		1.	STATE 7 - 23-84 . CA		STATE OF MARYLAND ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B 4	00/	8 8
THE DOWNS OF DEATH  TO STATE OF THE STORY OF STATE OF THE STORY OF STATE OF THE STORY OF STATE OF THE STATE O	be 3		CEASED NAME FIRST	01 LoreNZ	O LAST	20. DATE OF DEATH	MONTH DAY YEAR	26. HOUR
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THE MODELINGUISTING PROPERTIES OF EACH EMPTOR DEATH EMPTO	onled with	1	ForoL '	LoreNZO Br	own ANge	LA MIDDLE	SS SAUGEN	119
PART 1. DEATH WAS CAUSED BY   MMEDIATE CAUSE (8)   CANADIS PARMINENT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 PAR	e be exe creating ers. P		NO -	E WAR OR DATES)	Frront	Brown 80		FIRE
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITIONS USED IN CERTIFICIAL STAFF   PART 1 OR PART 2. OTHER SIGNIFICANT CONTRIBUTING TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 TO THE TERMINAL DISEASE OF CONDITIONS USED IN CERTIFICANT CONTRIBUTION GIVEN IN THE TIME TO THE TERMINAL DISEASE OF CONDITIONS USED IN CERTIFICANT CONTRIBUTION GIVEN IN THE TIME TO THE TERMINAL DISEASE OF CONDITIONS USED IN CERTIFICANT CONTRIBUTION GIVEN IN THE TIME TO THE TERMINAL DISEASE OF CONDITION GIVEN IN THE TIME TO THE TERMINAL DISEASE OF CONDITIONS USED IN CERTIFICANT CONTRIBUTION GIVEN IN THE TIME TO THE TERMINAL DISEASE OF CONDITIONS USED IN CERTIFICANT CONTRIBUTION GIVEN IN THE TIME TO	hot the deoth cert by the ottending ase remove corbon I, cremotion, or rer other troumotic ev		Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUEN  (b) SOUGH	multiple cons	nest con	molis / h	
OR CONTRIBUTING CAUSE OF DEATH  HOUR A.M. MONTH DAY YEAR  DEGREE  OR CONTRIBUTING CAUSE OF DEATH  HOUR A.M. MONTH DAY YEAR  P.M. 19  21d. INJURY OCCURRED  21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21e. PLACE OF INJURY  (IT OR TOWN  AT HOME OF CREMETERY OR CREMATORY)  22d. DATE SIGNAFILE  22d. DATE RECID BY REGISTRARIS DESIGNAFILE  22d. PHYSICIAN DIRECTOR  22d. DATE RECID BY REGISTRARIS DESIGNAFILE  22d. DAT	been signe mit. Then prior to bur	CATION					1206. IF YES, WERE FINDING	GS USED
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PHYSICIAN DIRECTOR PHYSICIAN DIR	TEN OR OR SE		sow the deceased alive on above, (1) (we) (did) (did not	130 7 19 8	ond that in (my) (our) apinion	deoth occurred on the do	ote and hour and from the co	
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24 FUNERAL DIRECTOR	TO HO. TO Full should with the IMPOR!	23o (	GARY KAN BURIAL, CREMATION, REMOVAL (SPECIFY)			123d LOCATION CITY OR TOWN	HOSPITAL	STATE
		24. F		DAN 11,1984 E				M.

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WHEN PERSON Smithall ... TO SECURE

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I SEX

REGISTRAR DECEASED NAME (TYPE OR PRINT)

MALE

To BIRTHPLACE (STATE OR FOREIGN

MARYLAND

OCITY OR TOWN OF DEATH

BALTIMORE

JUAL RESIDENCE (IF NURS

**JACOB** 

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

21d. INJURY OCCURRED

23a BURIAL CREMATION, REMOVAL

BURIAL.

22h SIGNATURE

MARYLAND

4 FATHER'S NAME

SYDNEY

COUNTY

BALTIMORE

MIDDLE

(IF YES, GIVE WAR OR DATES)

NAVY-WWI 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

4 RACE

M.

U.S.A.

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13c. CITY OR TOWN

BALTIMORE

BROWN

16h SOCIAL SECURITY NO

214-01-6113

HOUR A.M. MONTH DAY YEAR

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

SINAI HOSPITAL

ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

WHITE

7h CITIZEN OF WHAT COUNTRY?

STATE OF MARYLAND	erg.	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	6

CERTIFICATE OF DEATH

BROWN 5 DATE OF BIRTH

JULY 26, 1915

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

MARRIED X NEVER MARRIED

YES |

13d INSIDE CITY LIMITS

15. MOTHER'S MAIDEN

MRS. ADA

17 INFORMANT

NO IX

SARA

0019

	REG. 1	NO.				
	20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HO	UR
3	JANUARY	7,	1984	1	2	32 "
	6. AGE (IN YEARS LAST B	IRTHDAY)		NDER 1 YEAR		R 24 HRS
	68	YR	MON!	HS DAYS	HOURS	MIN,
	9 BALTIMORE CITY	OR COU	NTY OF	DEATH		
	BALTIMO					MD.
	12a USUAL OCCUPA		MS LIKE	26. KIND ( NDUSTRY	OF BUSIN	VESS OR
	CHAIRMAN C					
?	13e.STREET ADDRESS			F3.737 A	Dm	0.404
	3201 OLD	PUST	DR.	LVE, A	PT.	2(21)
h ( A A	A.E.					
NA	WE			LA	ST	
H	WIDDLE				st ENBL	OOM
		RESS		ROS	ENBL	
Н	ADDI	RESS	OST 1	ROS	ENBL 21208 PT.	3)
Н	ADDI	RESS LD PC	OST 1	ROS	ENBL	3) 2
H BR(	ADDI	LD PC	OST 1	ROS	ENBL 21208 PT.	3) 2
H BR(	ADDIO DWN 3201 OI	LD PC	OST 1	ROS	ENBL 21208 PT.	3) 2
H BR(	ADDIO DWN 3201 OI	LD PO	OST 1	ROS	ENBL 21208 PT.	3) 2
H BR(	ADDIO DWN 3201 OI	LD PC	OST )	ROS	ENBL 21208 PT.	3) 2
H BR(	ADDIO DWN 3201 OI	LD PC	ost i	ROS	ENBL 21208 PT.	3) 2

IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ETERIOSCLEROTIC VEV dio Canditians, if any, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. CORUNARY PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE 206. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? CERTIFYING CAUSES OF DEATH? NO YES [ 21b. TIME OF INJURY 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

22d. PHYSICIAN'S NAME (TYPE OF PRINT) DR. ABRAHAM GENECIN

22a.1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive on 6 7 MM

abave, (1) (we) (did) (did nat) view the bady after death

22e ADDRESS

DEGREE

211 LOCATION

ATTENDING

5616 CROSS COUNTRY BLVD 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

COUNTY

22c. DATE SIGNED

STATE

COUNTY

CHIZUK AMUNO CEM 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

236 DATE

P.M.

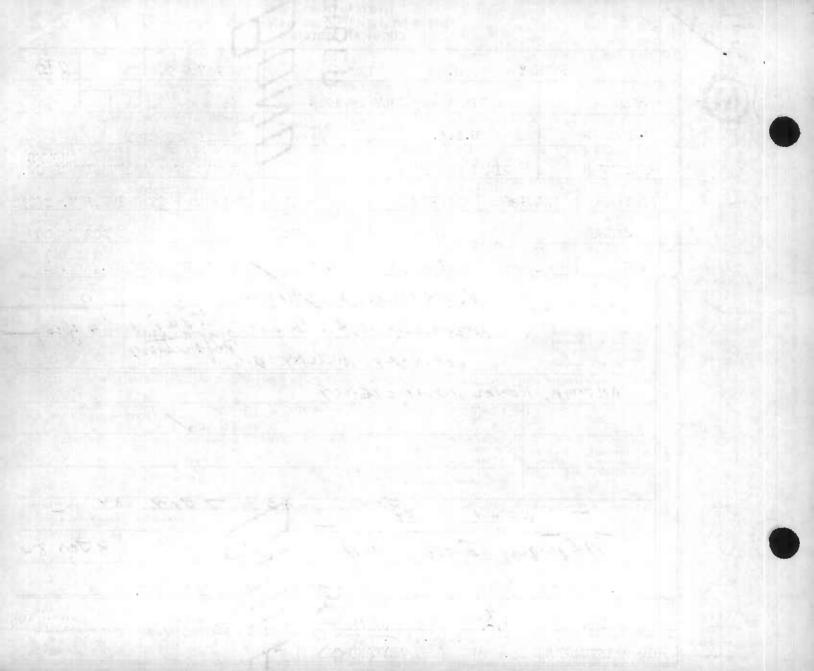
21e. PLACE OF INJURY

MARYLAND BALTIMORE 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

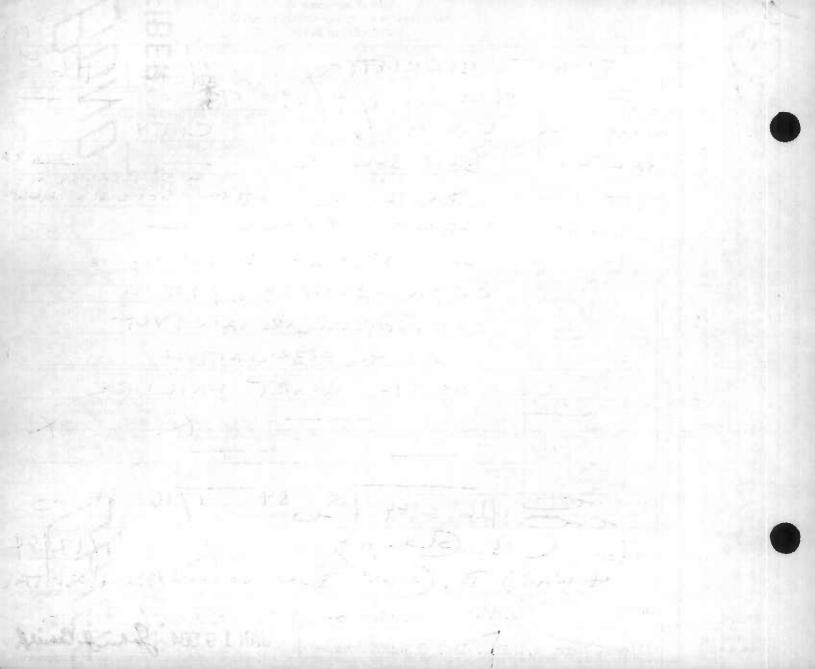
CITY OF TOWN

and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated

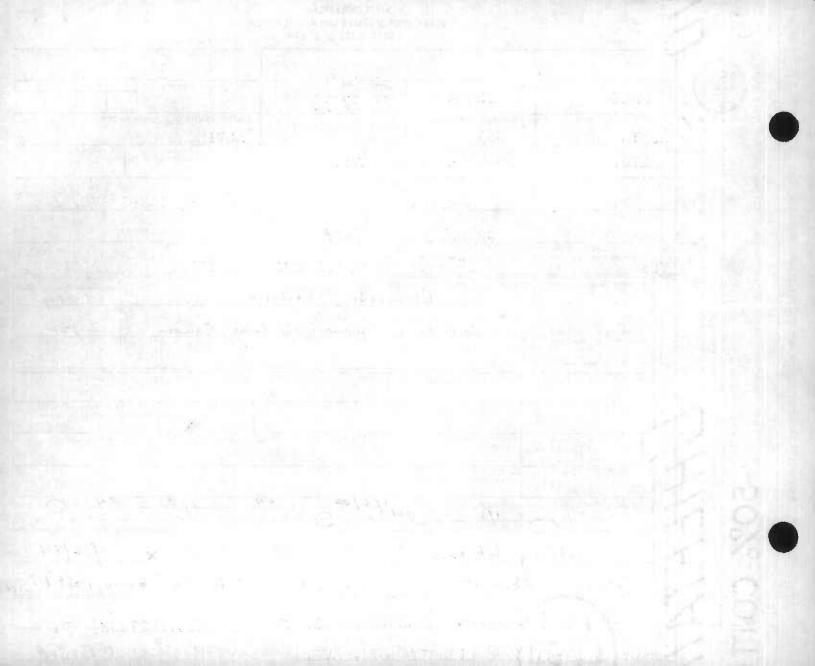
DHMH - 16 50M 4/83 (VRA 15, 4)

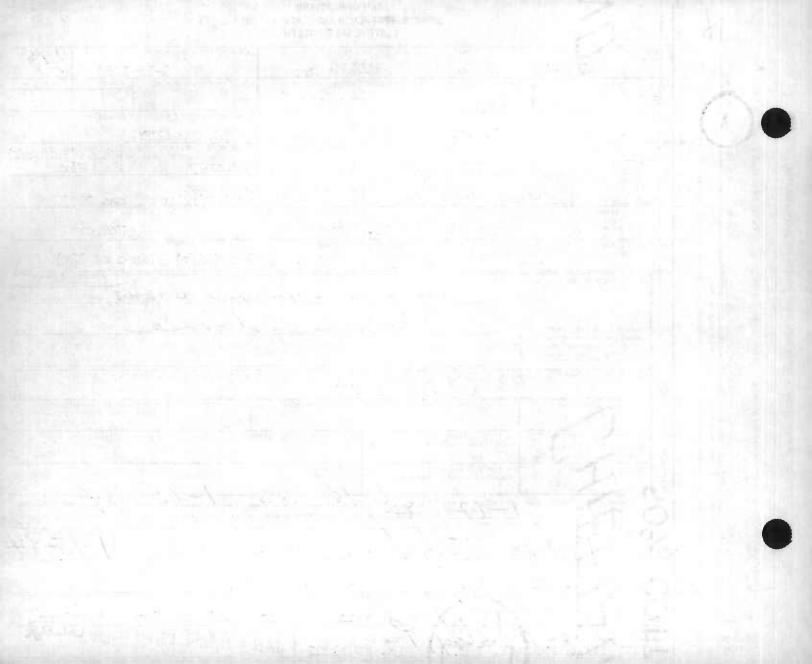


7				STATE OF MARYLAND	O /I	0 0 / 0	102
1	1.	FOR STATE REGISTRAR	D	EPARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT	H	0 0 7 7	F
4		CEASED NAME EIRST	MIDDLE	LAST	REG. NO		OUR7 C
" Z	(TYPE	ORPRINT) BRYAN	JT, HE	NRIETTA.	0/	11/846	2
offer, pa	3. SE	· C	4 RACE	5. DATE OF BATH	0 73	HDAY) I UNDER LYEAR IF UND	DER 24 HRS
Pog dire	7a. B	RTHPLACE (STATE OR EOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8 MARRIED INEVERMARRI	- 9 BALTHAORE CITY O	R COUNTY OF DEATH	
nerol n 72		irginia	5-0	WIDOWED DIVORC		TY	M
s ofter d	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME OR OTHER INSTITUTION IN STREET ADDRESS COURS	LIVE OF WORK FOR MOST O		NESS O
24 hour	13a. 3	AL RESIDENCE (# NURSING HOME O STATE 136 COU aryland		OR TOWN 13d. INSIDE CITY LIV	. 3	ZIP CODE	40
d within	14. F/	THER'S NAME	MIDDLE MANG	ARUM IS MOTHER'S MAIL	DEN NAME MIDDLE	LAST	
wecute and con dico	16a \	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCE	AL SECURITY NO. 17 INFORMANT	ADDRE	SS	
n ond or Poges	(	YES NO OR UNKNOWN) (IE YES, GI	240-	09-2672D Eva Hunt	er 3530 Ellers	lie Avenue	
that the death certile by the ottending pass remove corbon of, cremotion, or rentrother troumotic events		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	LE BRO VASCUL		DENT	
equires in signed Then ple to burie	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO THE		DITION GIVEN IN PART 110	
he low r	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED	YES NO NO	20b. IF YES, WERE FINDINGS US IN CERTIFY ING CAUSES OF DE YES \( \bigcap \) NO	
AN: 1		21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE	- 110110 1 11 1101	ITH DAY YEAR 21c. HOW INJURY	OCCURRED (ENTER NATURE OF MULL	RY IN ITEM 18 PART I OR PART 2)	
PHYSICI anding r	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED		19 211 LOCATION			
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, EACTOR		CITY OR 10	WN COUNTY	STATE
DING or off se os the colth or morke		220.1 certify that H (this hase	ital) attended the decease	d from	8 10	19 thatel	i= pre-lo
R ATTEN hospital RECTOR red for u pt. of He em 21 is		saw the deceased alive a		19 and that in (multipur)	spinion death accurred on the de	ote and hour and from the causes	
0 0 0 0 0 1		22b. SIGNATURE	RG	DEGREE	IDING MEDICAL STAP	22c. DAYE SIGNE	DIC
TO HOSPITAL TO FUNERAL should be deter with the Store		22d PHYSICIAN'S NAME (TYPE	- 1 100	CEHEN BO	N SECOL		, [
of or show	23a.	BURIAL, CREMATION, REMOVA		23c. NAME OF CEMETERY OR CREM.	ATORY 236 LOCATION	14 31	, ,
BP		BURIAL	1/20/84	Eastview Memoria	CITY OR TOWN	county M	state
DHMH - 16 50M 4/83		UNERAL DIRECTOR			250 DATE REGISTRAP	256. REC IS RAP'S SIGNATURE	• •
(VRA 15, 4)	W	illiam C March	F/H Inc. 110	1 E North Avenue	1411 1 9 190	+ Jourson 10	<b>MUL</b>



31	1-	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 4 0 0 7 9 4  CERTIFICATE OF DEATH  REG. NO.			
		CEASED NAME FIRST LERC	MIDDLE	BRYANT	20 DATE OF DEATH MONTH D	5 84 26. HOUR
4 may t	3. SE.		4. RACE BLACK	5. DATE OF BIRTH	118	JOH MIFUNDER 1 YEAR IF UNDER 24 HRS
Poge	0.1	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
offer dec	10 C	ORTH LAR.  ITY OR TOWN OF DEATH  ALTO.		WIDOWED DIVORCED DIVORCED STORE OF OTHER INSTITUTION AVE	BALTIMORE 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
24 hours the filling in by the	USU.	AL RESIDENCE (IF NURSING HOME STATE	E OR OTHER INSTITUTION, GIVE RESIDENCE BÉFOR DUNTY 13 CITY OR TOV	VN 134. INSIDE CITY LIMITS?	13- STREET ADDRESS 5436 NARCISSU	IS AVE. 21215
MARYLA id within mpletely to and 2 the		ATHER'S NAME FIRST	BRYANT	15. MOTHER'S MAIDEN NA	ME PERR	T2A1
e execute  Pages  medica	160 \	WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,			ADDRESS 543	AVE.
or, BALT rificate b physicia an papers emaval.		18 CAUSE OF DEATH (Enter puly one cause per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PROXIMATE INTERVAL BETWEEN ONSEL AND DEATH  I day				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours reathering physician.  Were this certificate has been signed by the attending physician and completing filled in to as the burial-transit permit. Then please remove carbon papers. Pages Joint 1 though the fillent and Mental Hygiene prior to burial, cremation, or removal.  arked aritem 18 shows any injury, or other traumatic event, the medical arminism must be an arked aritem 18 shows any injury, or other traumatic event, the medical arminism.		Conditions, if ony, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF Squamous Cell	Lung Cancer	2 yrs
signed by nen please a burial, cr	z	underlying couse lost.  PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVI	EN IN PART 1(0)
L RECORG	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
ON OF VITA HYSICIAN: Th ding physicic is certificate burial-transit   Mental Hygic		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH D	PAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	
OTEL THIS CONTRACTOR THE PUT IN and Me Ind Me Ind Me Index Inked or the put Inked or the pu	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	23e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
VITENDIN spiral or CIOR: Af for use o of Health		270. I certify that (I) this hospital) attended the deceased from 1/6 1/25, 19.84, that (I) we) lost saw the deceased alive on 1/6 1/25, and that in my (our) apinion death accurred on the date and hour and from the causes stated above (I) we) (did) (and not) view the body after death.				
SPITAL OR A July the house NERAL DIREI be detached e Store Depti		226. SIGNATURE Off	very abrama	M.D. ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	1/26/84
TO HOSPITAL O retained by the TO FUNERAL D should be detained with the State D IMPORTANT: If		1	, Abraus		car Center, 22 S. Gr	eene, Balt, Hd 212
BP		BURIAL, CREMATION, REMOV (SPECIFY) BURIAL	1 /70 /01	NAME OF CEMETERY OF CREMATORY ARRISON FORREST	CEM REISTERST	COUNTY STATE
DHMH - 16 50M 4/82 (VRA 15, 4)		UNERAL DIRECTOR	TT 4600 LIBERTY	Hete Ave JA	N 3 0 1984 Z	RAR'S SIGNATURE





6010 REISTERSTOWN RD. RALTO, MD

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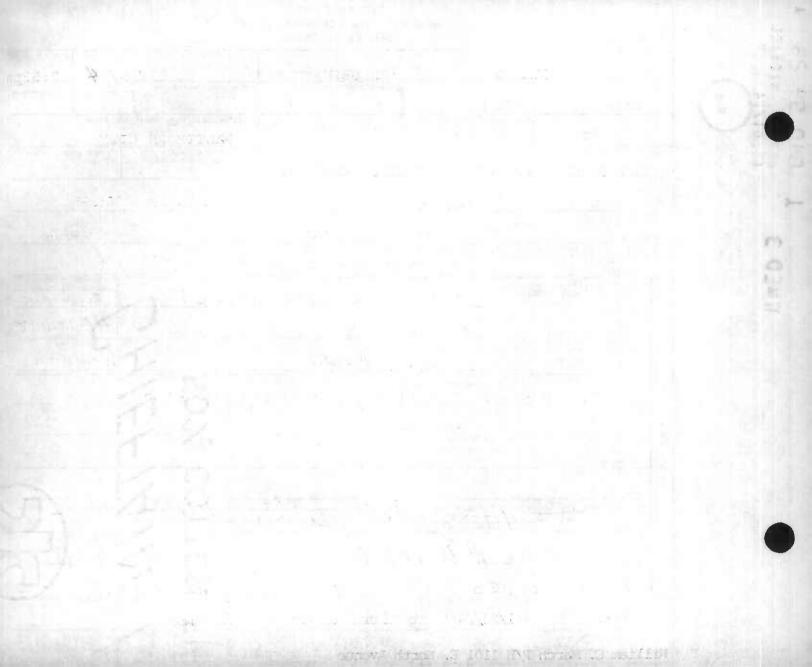
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3.	SEX	4.	RACE	5. DATE OF BIRTH	YEAR LAST B		HS CLAYS HOURS	ER 24 HRS. 2c. DAT		MONTH DA	AY YEAR	7: 25
	M.	ale	White	4 21	21 62	YRS.		DEA		1-31		p. M
7	e BIF	THPLACE (STATE	E OR	76 CITIZEN OF WHA	AT COUNTRY?	8 MARR	IED NEVER MAR	RRIED 🔲	MORE CITY OR		FDEATH	
				U.S.			VED XX DIVOR		timome C			MD
11	0 CIT	Y OR TOWN OF	DEATH	11. NAME OF HOSP	ITAL, NURSING H		HER INSTITUTION	12a USUAL OCCU	JPATION (TYPE OF	FWORK 12b	OR INDUSTI	
,		altimore		Baltim	ore City	Hospi	tal	(Soc. Se	rvices)			Lesi
U 1:	SUA 3a. ST	L RESIDENCE (IF	IN NURSING HOME C	OR OTHER INSTITUTION, GIVE	131 CITY OR TOV	MISSION)	134. INSIDE CITY LIMITS?	13e_SIREET_ADDR	ESS _			
		Md.			Balto.		YES NO	507 Eas	t Ave.	212	222	
1	4. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAI	DEN NAME	MIDDLE		LAST	
1	91											
1	6a W	AS DECEASED E	VER IN U.S. AR	MED FORCES? WAR OR GATES)	166 SOCIAL SEC	URITY NO.	17. INFORMANT		ADDRESS			
		Unkn.			283-14-6	423						
		18 CAUSE OF D	DEATH (Enter on	ly ane cause per line f	ar (a), (b), and (c)	)					APPROXIMATE BETWEEN ONSE	E INTERVAL
ı		PARTIDEAT	TH WAS CAUSED	re CAUSE (a) Art	erioscle	rotic	Cardiovaso	cular Dise	ase			
ı		429	2		AS A CONSEQUEN							
ı	0		if any, which to immediate	(b)					5-6-17	N. C.		
			ating the under-	DUE TO, OR A	S A CONSEQUEN	ICE OF					13-10	ALC: U
l		lying coose	1031.	(c)						7 7		
ı		PART 2 OTHER SIGNI	FICANT CONDITIONS	CONTRIBUTING TO DEATH 81	UT NOT RELATED TO THE	TERMINAL DISEAS	SE OR CONDITION GIVEN IN	PART 1 (a).				
	Ö.			Dia	abetes Me	llitus						R. 1
L	IFICATION	19a DATE OF O	PERATION	196 CONDITI	ON FOR WHICH	PERATION V	VAS PERFORMED?			21	0. AUTOPSY	?
ľ	E								W.		YES 🗌	NOXX
ľ	CERT	210 EXTERNAL		116 TIME OF HOUR A.M.		YEAR 21c. H	OW INJURY OCCUR	RED LENTER NATURE OF H	NJURY IN ITEM 18 PAR	RT 1 OR PART 2)		
l	CAL	CONTRIBUTING	CAUSE OF	DEATH P.M.	10				h., 1/1			
ŀ	MEDICAL	216. INJURY OC	CURRED	STREET FACTO	FINJURY (AT HOM DRY, FARM, ETC.)		STREET	CITY OR T	OWN	COUNTY		STATE
ı	<	WHILE AT WORK	AT WORK									
ı				ge of the remains desc	ribed abave, held	an Autar	osy , Inspect	tian XX, Inquiry	, and	in my apinia	n	
		death resulted	^	ral causes	Accident .	Suicide	1	. Undetermined in				
		6	1 -	2/1	14	0,0	TITLE (SPECIFY)					
	1	ACTUAL SIGNATURE	lun	us 7/2	uth.	Mest.		ant MEDICAL EXA	MINER	DATE SIGNED_	2-1-	84
1	/			00	0					3,0.,00	U	5
		EXAMINER'S NA (TYPE OR PRINT	) Denn	is F. Smyt	h, M.D.		ADDRESS	lll Penn S	treet			
2	30.BL	JRIAL, CREMATIC	ON, REMOVAL 2	3b DATE	23c. NAME OF	CEMETERY	OR CREMATORY	236. LOCATION		COUNTY	S'	TATE
1	(3	Remov	/a1	2/16/84	- 3 7	215						
	24 FL	NERAL DIRECTO	OR	ADDRESS			250, DAT	E REC'D BY REGISTR	A MA MESIST	RAR'S SIGN	ATUR	
			natomy		Balto.	Md.	FEB	16'6 BO4	7	1		

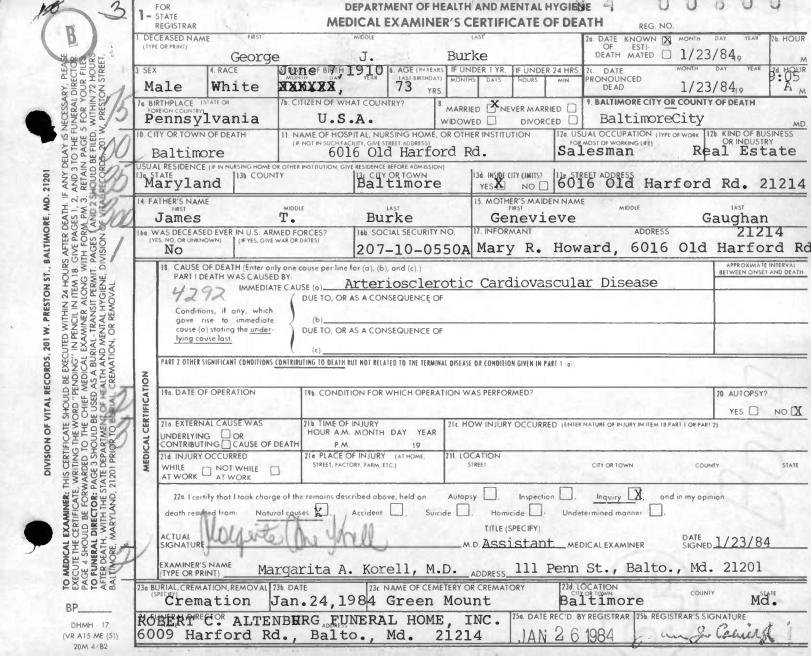
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73		F	1 -	FOR STATE REGISTRAR		DEPART	MENT OF	E OF MARYLAND IEALTH AND MENTAL H ICATE OF DEATH	IYGIENE		0 /	9	9
n =		,		ASED NAME FIRST		WIDDLE		AST	20. D.	REG. NO.	DAY YEA	2b. HC	OUR
VU	be oth		(TYPE O		CHAED		(BEI	RGER) Burger		01	1 122	. E 24m	
* ×		0	3. SEX	(1120	4. RACE		5. DATE O	OF BIRTH	6. AG	E (IN YEARS LAST BIRTHDAY)	/19/8# IF UNDER / YI	EAR IF UND	DER 24 HRS.
	7 1	10		male	black		MONT	1 1914		69	MONTHS DA	HOURS	MIN,
	3(11)	1/2		HPLACE (STATE OR FOREIGN		F WHAT COUNTRY	2 8.	D NEVER MARRIED \$	9. BA	LTIMORE CITY OR COU		1	
	n ne			Va Va	U	SA	WIDOW			BALTIMORE	CITY		MD
7	e fun within	111	10. CIT	OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS	ING HOME	OR OTHER INSTITUTION		SUAL OCCUPATION OF WORK FOR MOST OF WORK	12b. KIN	D OF BUSI	11151
2 00	by #	0		BALTIMORE	THE JO	OHNS HOE	KINS	HOSPITAL	LITTE	OF WORK FOR MOST OF WORKI	NG LIFE) TINDUST	KI	
212	De in pon	2//	USUAL 130. ST	RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION	H, GIVE RESIDENCE BEFO	RE ADMISSION)	13d. INSIDE CITY LIMITS	2 1130 5	TREET ADDRESS			
	hin 24 h	E/		Md	1.5	Baltimo		YES NO		treet address 25 N. Dallas	Ct 212	31	
RYL	2 45 2	E	14. FAT	HER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	WIDDLE		LAST	
E M	omple ond	\$00	Ja	mes		Burger		Judy			Jol	hnson	n
MORE, MARYL	J i	dica		AS DECEASED EVER IN U.S. AR	RMED FORCES?			17. INFORMANT		ADDRESS			
ž C		e medic		No		219-05	-4407	Sarah Strea	ms 22	25 N. Dallas			
BAL	physical physical physical movel.	# /	1	8 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause pe	er line far (a), (b), a	nd (cit)		4.	+		ROXIMATE IN EN ONSET AL	
ST	000	eve		IMMEDIA	TE CAUSE (6)	1.ard10	pul	Mondry	dr	rest	3	omi	nutes
NO	oth cert ending corbo	notic		1173	DUE TO, O	OR AS A CONSEQU					41	Owi	unter
RES	deo deo de o de o de o de o de o de o d	Too.		Canditians, if any, which gave rise to immediate	(b)_	nemoj	TYS	12			10	m.	NO ES
*	by the	or other troumotic		cause (a), stating the underlying cause last.	DUE TO,	OR AS A CONSEQU	JENCE OF	loma			6 m	out	nutes
201	5 50.5	, o.		PART 2. OTHER SIGNIFICANT	CONDITIONS C	CONTRIBUTING TO	-	NOT RELATED TO THE TE	PMINAL	DISEASE OR CONDITION			
DIVISION OF VITAL RECORDS,	significant signif	2		1	ic ob	stract	Five	DU/ mon		desEH		110	
ECO	been brior	à T	CERTIFICATION	DATE OF OPERATION	196. CON	DITION FOR WHIC	H OPERATIO	WAS PERFORMED		AUTOPSY? 20b. II	YES, WERE FIN	DINGS US	ED
AL R	hos hos	Shows /	HE						YE	S NO	RTIFYING CAU	NO	
5	SICIAN: The physicia physicia pertificate priol-transit ental Hygie	8		10. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		OF INJURY	DAY YEAR	21c HOW INJURY OCC	URRED (E	NTER NATURE OF INJURY IN ITEM	A 18 PART 1 OR PART	2)	
0	SICI/ ng p certif uriol-1	He H	₹ L	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) F	P.M.	19						
SPON	子道 "克文	0	MEDICAL	14 INJURY OCCURRED	21e. PLACE	E OF INJURY	FARM, ETC )	21f. LOCATION STREET	14.8	CITY OR TOWN	COUNTY		STATE
N	NG offer the horse	morked		T WORK NOT WHILE					./				1
	NE A	5	7	20 I certify that (1) (This hosp			84	19_8	4 , to	1/19/84			(we) last
	OR ATTEN e haspital DIRECTOR: sched for us Dept. af He	n 21		saw the deceased alive an abave (I) we) (did) did no	t) view the bod	y after death.		nd that in (my) (our) opinion	an death o	occurred on the date and	haur and fram	the causes :	stated
		± ±	1	AL SIGNATURE	,	11 5	21	PEGREE ATTENDING	AAET	DICAL STAFF	22c. D	ATE SIGNE	)/
		<del>z</del> _/		2d PHYSICIAN'S NAME (TYPE O	uld 1	M.D.	Ph.	PHYSICIAN	DIRE	CTOR PHYSICIAN	1//	7/8	7
	O HOSPITAL etained by the TO FUNERAL should be detrement with the State	MPORIANI:	ľ	24 PHYSICIAN'S NAME (TYPE	1			22 ADUNES OF	oppe	ux Harpe	Zal_		
	TO HOSE retained TO FUNI should b	¥	02 2	1.11.	tine:			Balten	rake		205		
		- 3	230. BU	RIAL, CREMATION, REMOVAL ECIFY) Burial	1/24			emetery or cremator on Cemetery	23d	Baltinore	COUNTY		STATE Md
	BP			IERAL DIRECTOR	1/24,	/ 04	. Aubul	-	DATE PECT	D. BY REGISTRAN 256. REG	PACTRARIC CACA		Ma
Michiga , pr	DHMH - 16 50M 4/	82		liam C. March	T2 /T7 11/	ADDRESS	4-1- 7		TAM	2 3 1084	Jun Sign	Calu	ug
	(**************************************		AATT	TTOIL C. March	L/U 11/	OI E. NOI	CI AVE	enue	UMIN	2 0 1007	-0		





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3	SE)		4. RACE	IS. DATE OF BIRTH	1	6. AGE (IN YEA	RS IF UN	DER 1 YR.	IF UNDER	24 HRS	2c. DATE		MONTH	DAY	1984 YEAR	2d. HOUR
I	1	ile	White	5-//-/Y	737 YEAR	LAST BIRTHDA	Y) MONT		HOURS		PRONOUN	ICED				III. HOOK
ŀ		RTHPLACE IS		7b. CITIZEN OF W		110	S.				DEAD		1		1984	1р м
		Salto.	M.	11 C	A COUN	41RY?		-	VER MARRI	ED 🗌	BALIIM	OKE CIT	Y OR COUN	ITY OF D	DEATH	
1				4.5.1	1.		WIDOW	-	DIVORCI				e_City			MD.
ľ	10 CI	Y OR TOWN	OF DEATH	11. NAME OF HO			, OR OTH	ER INSTITU	TION	12a. USU	AL OCCUP	ATION (	TYPE OF WORK		ND OF BUI	
1		Baltim		3228	Brend	le Ct.					inter			50	19	
1	JSUA 30. S	L RESIDENCE	(IF IN NURSING HOME O	OR OTHER INSTITUTION, C	IVE RESIDENCE	BEFORE ADMISSIO	N)	LIZA INCIDE C	ITW I IMITES					1	4	
Ĺ	30. 0	Md.	138. COOK	u r	Ba	Cto.		YES X	NO [	I Je. SING	300 8	ndma	n Ave	-21	213	
T	14. FA	THER'S NAME		MIDDLE O	-	TAST		15. MOTH	ER'S MAIDE	NNAME						
		Patr	rick Rich	and Burke	2 Sr.	rw2		,	De De	elia.	Schul	tu			LAST	
1	60. V	AS DECEASE	DEVER IN U.S. AR	MED FORCES?	16b. SOC	CIAL SECURITY	NO.	17. INFORA				ADDRE	SS			21234
1	(4)	S, NO, OR UNKNO	(IF YES, GIVE	WAR OR DATES)	216	-34-08	72	Mrs.	Eilea	en B.	Knan	me -	8206	Old	Hans	and R
F			F DEATH / Enter ==	ly one couse per lin					0						PPROXIMATE	DATE DATE
		PARTIDE	ATH WAS CAUSE	D BY:										BETY	WEEN ONSET	AND DEATH
		30	30 IMMEDIA	TE CAUSE (o)		holism										
RWARING THE WASH THE WIND IN TENDER LINING BY BY THE PROPERTY OF THE WIND THE PROPERTY PERMIT PAGES 1 STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION C, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Condition	ns, if ony, which	DUE TO, OI	K AS A CON	SEQUENCE C	)F									
I		gave ris	e ta immediate	(b)												
1		lying cau	stoting the <u>under-</u> se lost.	DUE TO, OF	R AS A CON	SEQUENCE C	)F							100		
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J	TIF			311										4	YES 🔲	NO X
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1	AL	UNDERLYING	OR NG CAUSE OF E	DEATH P.A		DAY YEAR										
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1		AT WORK	AT WORK							/TV						
1		22a. I certif	y that I took charg	e of the remains de	scribed obo	ive, held on	Autops	у Ц.	Inspection	X,	Inquiry		and in my o	pinion		
1		deoth resulte	ed fram: Natur	al causes X	Accident	☐, Suid	ide 🗌	Hamic			rmined mo	nner [	],			
1			h.					TITLE (SI	PEC IFY)			Q-1				
		ACTUAL SIGNATURE	MA	120	~		AA		istan	t MEDI	CALEVAL	INIED	DATE	. 1-	-19-8	4
A		Marie Sale	Vien	VI		4.7	741.			MEDIO	CALEXAM	IINEK	SIGN	EU		
		EXAMINER'S (TYPE OR PRI		M. Dixon,	M.D.			ADDRESS 1	11 Pe:	nn St	t., B	alto	., Md.	. 21	1201	
2	30. BL	RIAL, CREMAT	IONI DEMOVALITA		23c. N	NAME OF CEM					CATION					
	(5)	Vrema	tion	1-20-84	Gn	eenmou	rt (	remto	חתו	CITYO	Balto	· Md	COL	INTY	STA	TE
1	24 FL	NERAL DIREC	TOR					- 1			REGISTRA		GISTRAR'S	SIGNATI	URE	
		John (.	Millan	Inc-6415	Relai	in Rd -	2/20	5		7 400	. 0		00			
F		orac .	racel	Inc-OTT)	Jeun	Je Mus -	-120	- 1	ANA	010	4 19	- CON	ties to	Aut.	A-	

FARM - LOVE HAVE BEEN And the second of the second of the second

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

MIDDLE

- STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

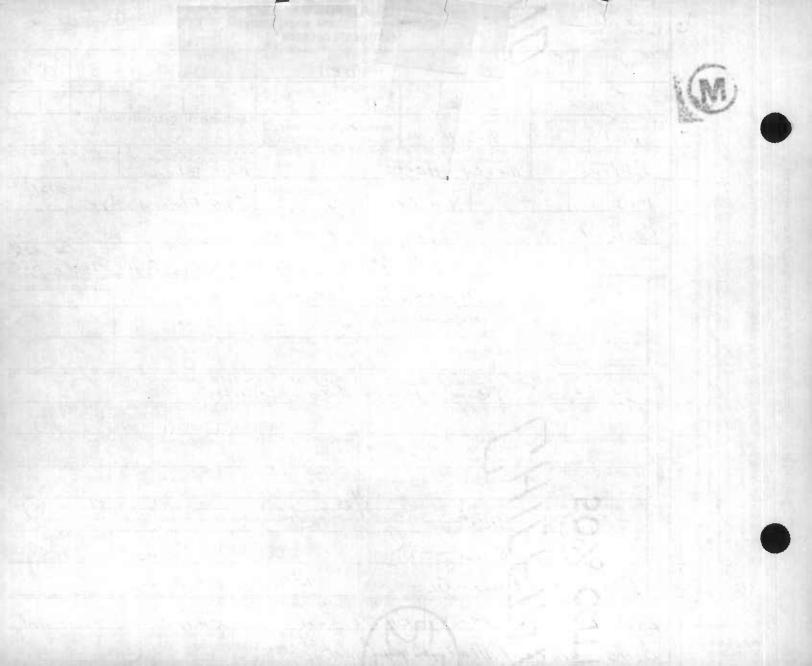
250. DATE REC'D.

	17	1.	FOR STATE REGISTRAR		DE	PARTMENT OF	HEALTH AND MENTAL HY FICATE OF DEATH	SIENE 8 4	0 0	804		
3 7 5			CEASED NAME OR PRINTI	iam Ro	bert Burns		LAST	20. DATE OF DEATH	MONTH DAY	YEAR 2b, HOUR 9		
		3. SE	Male		White	S. DATI	OF BIRTH	6. AGE (IN YEARS LAST BIR	THOAY)  IF UNDER			
	99		RTHPLACE (STATE OR FORE	EIGN 7b. C	U.S.A.	MARE WIDO	IED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DE	ATH		
by the far	14	10 C	U.S.A.		NAME OF HOSPITAL, IN (IF HOT INSUCH FACILITY, GIV UNION PEM	NURSING HOM	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF STORY WORK FOR MOST OF WORK FOR MOST OF MINTERINE	ON 17b. I	KIND OF BUSINESS OF		
24 haurs filled in by ould be fill	35	USU 130.	AL RESIDENCE (IF NURSING	HOME OR OTHE	13c. CIAY O	CE BEFORE ADMISSION TOWN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	old Sprin	21210		
d within npletely and 2 sho		14. F/	ATHER'S NAME FIRST Unkr	nown		AST	15. MOTHER'S MAIDEN NA		one spece	LAST		
execute ond con	medicol		VAS DECEASED EVER IN	U.S. ARMED	OPIDATES	-16-0471	17. INFORMANT (atherine)	ADDRE		ld Spring 1		
RECORDS, 201 W. PRESTON  I law requires that the death c.  so been signed by the attendir  os been signed by the attendir  or burial, cremation, or	y injury, or other troums	NOI	PART 2. OTHER SIGNIFI	chich diote the lost.	(b) Orle  DUE TO, OR AS A CON  (c)  DITIONS CONTRIBUTION	NG TO DEATH B	IT NOT RELATED TO THE TERA	RMINAL DISEASE OR CONDITION GIVEN IN PART 110				
ITAL RECO	shows on	CERTIFICATION	190 DATE OF OPERATIO	1	19b CONDITION FOR V	WHICH OPERAT	ON WAS PERFORMED  21c HOW INJURY OCCUR	YES NO	IN CERTIFYING C	FINDINGS USED CAUSES OF DEATH? NO  PART 2)		
NG PHYSICIAN: The ottending physicion that this certificate by os the buriol-tronsit phond mental hygies.	ked or Rem	MEDICAL C	OR CONTRIBUTING CAUSE  (IF EITHER NOTIFY MEDICAL)  21d. INJURY OCCURRED  WHILE NOT WHILE  AT WORK	EXAMINER)	P.M.  210. PLACE OF INJURY 1 AT HOME, STREET, FACTORY,	19	8	CITY OR TO		UNTY STATE		
ATTENDIN Spirol or SCTOR: Aff of for use or 1. of Health	1 Z I IS MOI		22s. I certify that (I) (the saw the deceased cobove, (I)	ala Maria	ettended the deceased		ond that in (my) (our) opinion		9 19 8 ite and hour and fr	that ( (we) lost		
AL OR the hor AL DIRE	E H		22b. SIG	F IAN	1/10/84							
TO HOSPITAL TO FUNERAL should be dere		27.	E.J.	Al	ess; M	1.0.		nford Pd	Baltine	one Me2121		
BP			Burial, CREMATION, REA	17	1-13-84	Park	cemetery or crematory	234. LOCATION CITY OR TOWN Balto.	AH. COUNT			
DHMH - 16 50M 4/ (VRA 15, 4)	82		John C. Mill	ler Inc	.6415 Bela	er Rd	21206 250.0A	N 13 1984	15b. REGISTRAR'S S	and Bruelf		

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and the second of the second of the second x stracking AND NOW DESTROY rekon outro on this came dimension of reserve as man - 197 . Talket and Reat Myserrdise deforetion 5 minsts asterine rate Heart disease organi 9 years Topmany 2 8 st whenter 10 800 James Co. 48/00/1 N 6 E J. Aless; M.D. EZIT Harford Pd Billian MERITIN the first in the self network self in the

6	1.	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTA FICATE OF DEATH		003	0 5
		CEASED NAME FIRST LINGS		В	urrell	20. DATE OF DEATH	MONTH DAY YEAR 1 13 84	1045 MM
196 4 mg	3. SE	Female	4. RACE black	5. DATE MON	OF BIRTH		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
death. Po		COUNTRY STATE OF FOREIGN	76. CITIZEN OF WHAT O	MARRI WIDOV			DR COUNTY OF DEATH	MD.
is ofter of the high state of the control of the co	1	BAHTU.	MEKCY	HOSP.	OR OTHER INSTITUTIO	N 120. USUAL OCCUPAT (TYPE OF WORK FOR MOST BANK TO!)	OF WORKING TIFE) INDUSTRY	F BUSINESS OR
filled in novid b	USU. 13a. S	AL RESIDENCE IN NURSING HOME OR		DENCE BEFORE ADMISSION TY OR TOWN A 1 TO .	13d. INSIDE CITY LIM		nora Are	13/2/3
makering on 2 sh	14. F/	AMUE/	MIDDLE Wil	LAST	15. MOTHER'S MAIDI	MAC	21/1//s	5
BALTIMORE, ote be execut sicion and co opers. Pages you t, the medical		VAS DECEASED EVER IN U.S. AR (ES. NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SC E WAR OR DATES)	3-58-123	MRS. Ell	ADDR A MAE Willis	3419 Elmo	# 2/2/5 FA AVE
W. PRESION SI.,  the death certific y the attending phy is remove carbange cremation, ar rema ther traumatic even		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE  1749  Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost.	D BY: E CAUSE 10) Me  DUE TO, OR AS A (b)	CONSEQUENCE OF	Breast	Corcinoma	APPROXI-	MATE INTERVAL DISET AND DEATH
RECORDS,  n. n. os been sign of the prior to be we any injury to	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF LEUKODEN, OF DATE OF OPERATION	Pleuval	r Perito	1	E TERMINAL DISEASE OR COM  DOMATION  200 AUTOPSY?  YES NO	200. IF YES, WERE FINDIN IN CERTIFYING CAUSES	GS USED
HYSICIAN: The ding physicion is certificate h buriol-fronsity i Mentol Hygies or frem 18 shor	MEDICAL CER	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA (IF EITHER NOT IFY MEDICAL EXAMINER 214. INJURY OCCURRED	TH HOUR A.M. M	ONTH DAY YEAR 19	211 LOCATION	CCURRED (ENTER NATURE OF IN)		
DIVISION PRODUCE PRODU	ME	WHILE NOT WHILE AT WORK  220.1 certify that (1) this haspi	to) ottended the deced	O/	STREET 19	CITY OR TO	13 19 84 1	that (I) (we) ast
TAI OR ATTE		sow the deceded olive on obove, (I) we I did to an 27b. SIGNATURE			DEGREE ATTEND PHYSIC	ING MEDICAL STA	22c. DATE	
O HOSPITAL etoined by th TO FUNERAL should be deter		DR MARUIA	PRINT)  FELDMA	N	220 ADDRESS MG	_ /	ITAL	101
BP	1	URIAL, CREMATION, REMOVAL	23b. DATE /-/7-89		CEMETERY OR CREMAT	BA H	COUNTY	md.
DHMH - 16 50M 4/82 (VRA 15, 4)	21 FL	Betts Funer	est Home	1129 Al. C	AROLINE "	TAN 17 1984	256 REGISTRAR'S SIGNATI	welk

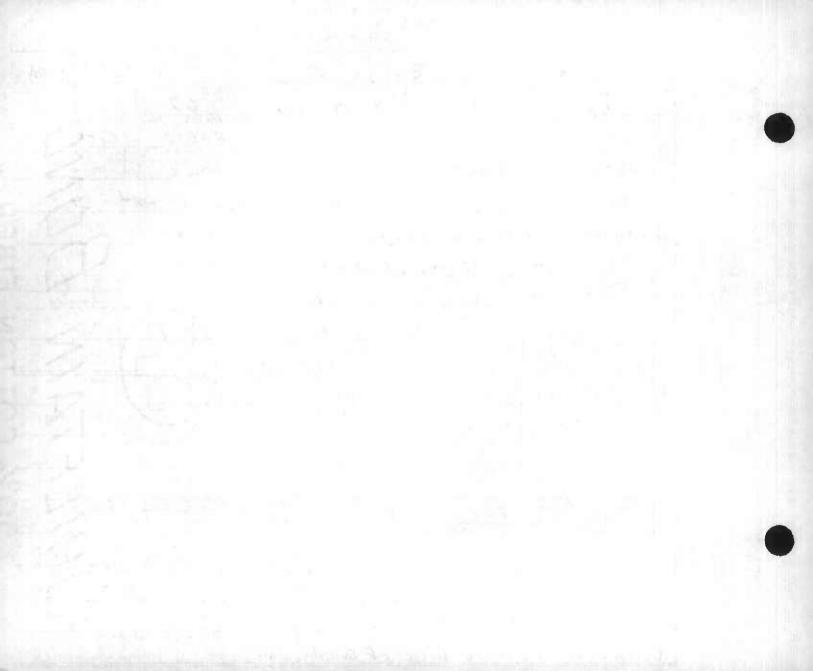


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(VRA 15, 4)

he during a state of the contract of 1. 1 Tille Here Breed Section 1 Mr. Low or Mr. 2424 Ester Place Place Joseph Liture 2322 Windfiller Miller Miller all the

_3_	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		00808
(2 B 1)	(TYP)	CEASED NAME FIRST (CAPRINT)		3 uzgierski	REG. NO.  20. DATE OF DEATH MONT	22 84 11:004,
ecdb 1	3. SE	F.	4. RACE	S. DATE OF BIRTH  MONTH  1 04 1921	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
learth. Po	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY $VSA$	Y? 8.  MARRIED NEVER MARRIED  WIDOWED DIVORCED	BALTO.	UNTY OF DEATH  CITY ME
by the fu	10 C	BALTO.	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	SING HOME OR OTHER INSTITUTION SET ADDRESS! CITY HOSP	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR  HSWE	12b. KIND OF BUSINESS OR INDUSTRY
AND 212 n 24 hou filled in nould be	130.	MD 13h. COUR	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13c. CITY OR TO A LTO.	YES NO NO		484 St. 2
MARYL, ed within ond 2 sh	PA	NTHONY	MOSCIEWOJ	15. MOTHER'S MAIDEN N. FIRST	NNK	LAST
IMORE, n and co			RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 219-03	4	BUZGIÉRSKÍ	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours oftending physician and completely filled in by strenthic certificate has been signed by the oftending physician and completely filled in by as the burnal-transit permit. Then please remove corbonopopers. Pages 1 and 2 should be fill than and Mental Hygiene prior to burial, cremation, or removal.		PART I. DE ATH WAS CAUSE	DUE TO, ON A DIVISEO	outory alsest	ı	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Winutes Days
PRDS, 201 W. requires that It is signed by It. Then please It Then please It injury, ar other injury, are other injury,	NOIL	PART 2. OTHER SIGNIFICANT OF SEVER AND	oxic enceder	DO DEATH BUT NOT RELATED TO THE TER		Medes -
The law cion.  e has bee has bee has bee has been has cony that the price pric	CERTIFICATION	12.15.93	Empyeno		YES NOW IN	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
DIVISION OF VIII NG PHYSICIAN: offending physis wifer this certificat os the burnal-train th and Mental Hy, and Mental Hy, and Mental Hy,	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.  (1F ETIMER NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE NOTIFIED	HOUR A.M. MONTH	DAY YEAR 19 21f LOCATION	RRED (ENTER NATURE OF INJURY IN IT CITY OR TOWN	EM 18 PART I OR PART 2)  COUNTY STATE
ATTENDING spiral or off CTOR: After CTOR: After for use of 1 or 4 Health on 21 is market		220.1 certify that 11/this hospi saw the deciment of the no	hal) attended the deceased from	, and that in (my) (aur) apiniar	3 , to 1. 22.	, 19 , that (I) (we) lost and haur and fram the causes stated
HOSPITAL OR A med by the homed by the home FUNERAL DIRE and be detached the State Dept ORTANT: If hen		22d. SIGN ATURE	OR PRINT)	DEGREE ATTENDING PHYSICIAN  122. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	1.22.84 1.22.84
TO HOSPITAL (retained by this TO FUNERAL Is should be detained with the State [IMPORTANT: If	22	RICHAR	D CHIEN	PB 44	140 BASTERI	NAVE. BALL.
BP		BURIAL, CREMATION, REMOVAL	23b. DATE 1 25/84 /	HOLLY HILL	BALTO.	COUNTY MD. STATE
DHMH-16 30M 2/80 (VRA 15, 4)	1	UNERAL DIRECTOR	FUNERAL MADDRESS		TE REC'D. BY REGISTRAR 256. R	EGISTRAR'S SIGNATURE



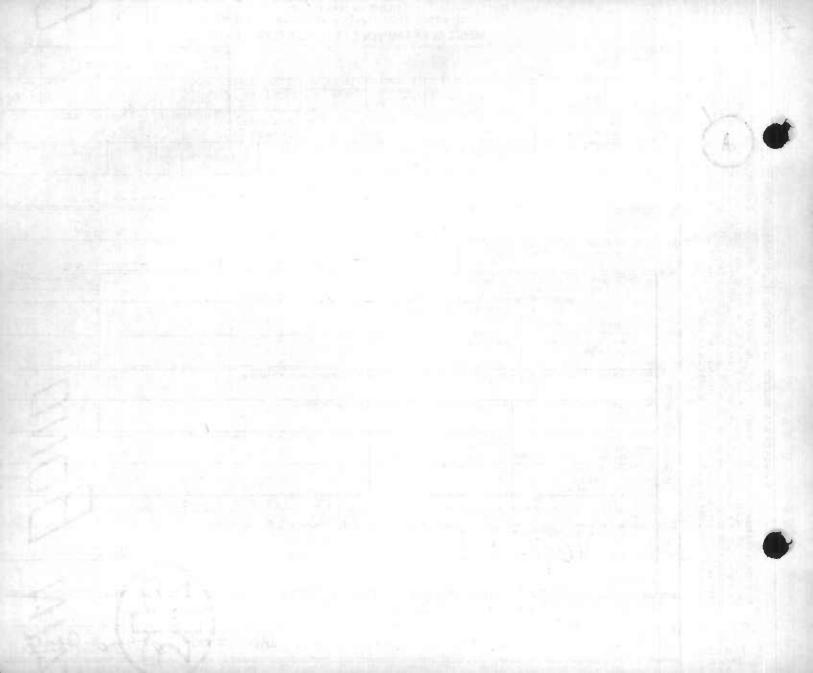
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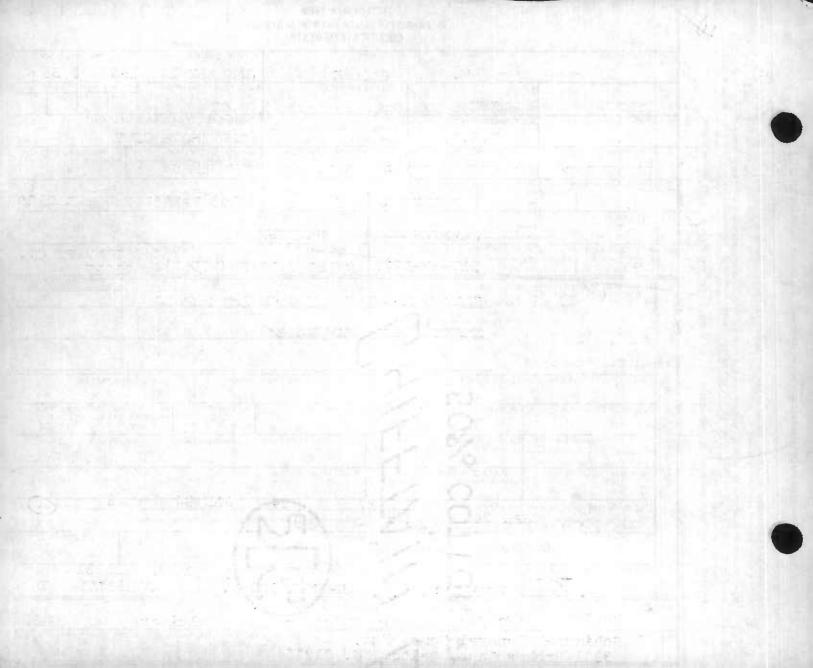


12	1 -	FOR STATE REGISTRAR			DEP	ARTMENT OF H	E OF MARYLA EALTH AND A ICATE OF D	MENTAL HYG	SIENE 8	₹ REG. NO	0	0 8	10
oge 3 death	1. DEC	CEASED NAME	FIRST Ch	eryl :	A.		Bynak	er R	2a. DATE O	F DEATH	MONTH C	11 /84	26. HOUR 5. C
a de de	3. SEX		4	RACE		5. DATE C		YEAR	6. AGE (IN	YEARS LAST BIR		IF UNDER 1 YEAR	
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10 jan	70 BI	THPLACE (STATE OR F	OREIGN 7	b. CITIZEN OF	WHAT COUN	TRY? 8.	D MEVER A	ARRIED [	9. BALTIMO	RE CITY O	R COUNTY	OF DEATH	
15 355		ryland		U.S	Δ	WIDOWE		ORCED	Bal	timor	e City		MD.
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3 85/	Ba	ltimore	1		HEACILITY, GIVE	ity Hos	ni+al				Clark		ess Form
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166			MY COUNT		13c. CITY OR		13d. INSIDE CI		13e. STREET		- J C		07.007
1	_	ryland THER'S NAME	Bait	imore	Ess	ex	YES 15. MOTHER'S	NO X		astne	ad Cou	irt	21221
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dico.	11	ES, NO OR UNKNOWN)		WAR OR DATES)					2.5	ADDRE	TO M		ad Court
E	No				217-5	4-1652	Harry	L. By	naker		Balt	o. MD	21221
ysici opper ovol,		18 CAUSE OF DEATH PART I. DEATH W	Enter anly	ane cause per	line far (a), (l	b), and (c).)							XIMATE INTERVAL
ove corbon		Conditions, if ony,			R AS A CONS	FIN SEQUENCE OF REBRA	LE	DEMA				a	8 hrs 4 hrs
, or other tr		gave rise to imm cause (a), statin underlying cause PART 2. OTHER SIGN	g the last.	( (c)	VA	SOSPA		TO THE TERM	AINAI DISEAS	E OP CON	DITION GIV	3 EN IN PART I	days
entol Hygiene prior to bu	CERTIFICATION	190 DATE OF OPERAT	ON 4	19b. CONDI	ITION FOR W	HICH OPERATIO	N WAS PERFO	RMED	200 AUT	OPSY?	20b. IF YES IN CERTIF YE	, WERE FIND YING CAUSE S	
To To		OR CONTRIBUTING C		HOUR A.		DAY YEAR							
rked or h	MEDICAL	21d INJURY OCCURR	ED	21e PLACE	OF INJURY	FFICE, FARM, ETC.)	211 LOCATIO STREET	N		CITY OR TO	NWI	COUNTY	STATE
ote Dept. of Health		220. I certify that (1), sow the decease obove, (1) (ve) (c 22b. SIGNATURE		view the body	after death.	19 84, as	DEGREE	TTENDING	death accurre	STAI	ate and havi	and from the	that (I) (we) last e causes stated E SIGNED
should be deta with the State (			THUR	. N.	WAN	a, MD	22¢ ADDRES	s cli	BAL	TO, C	174	HOSP. URlusk	٧
	23a. B	URIAL, CREMATION,		23b. DATE		23t. NAME OF C				ORTOWN		COUNTY	STATE
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M 4/B2	24 FL	NERAL DIRECTOR D	uda-R	uck, In	C. ADD	RESS		250 DA	E REC'D BY	100 /	75b. #6-G-1611	RAR'S SIGNA	URE
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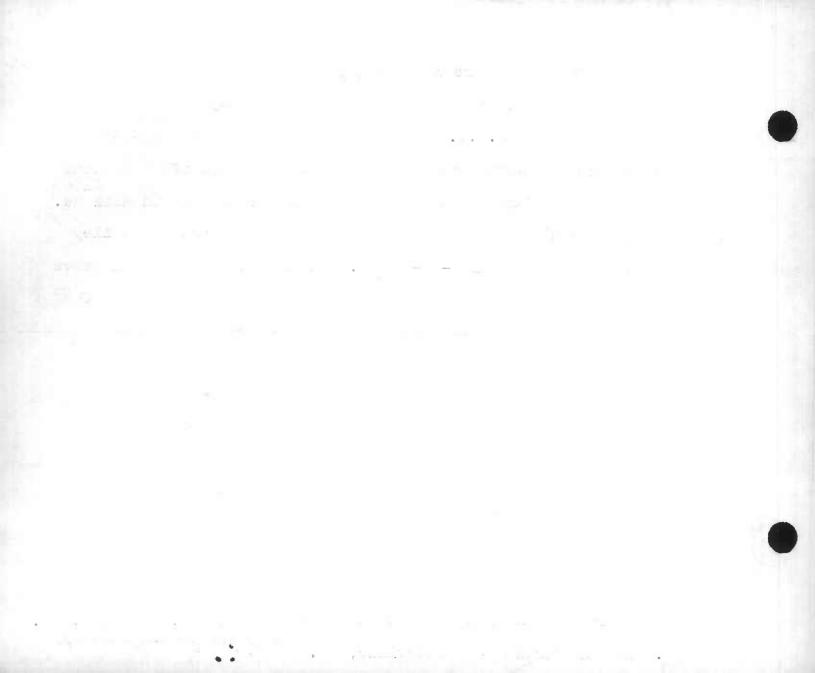
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211	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE												2 1	Ť.	
ノナー	11	REGISTRAR		MED	ICAL	EXAMIN	IER'S C	ERTIFIC	ATEO	H' R	EG. NO.				
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40,52,5	3. SE	Κ.	4. RACE	5 DATE OF BIRTH		6. AGE (IN YE		4	IF UNDER	24 HRS. 20		MONTH	DAY YEA	R 2d HOUR	
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- VEX.		RTHPLACE (		76 CHIZEN OF WH	AT COUN	VIRY?	MARRI	ED ANEV	ER MARRI	IED 🔲 "		_			
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AL RECORDS, 201 W. PRESTON ST DULD BE EXECUTED WITHIN 24 HO "PENDING" IN PENCIL IN ITEM I IEF MEDICAL EXAMINER ALONG SED AS A BURIAL TRANSIT PERM F HEALTH AND MENTAL HYGIENE AL. CREMATION, OR REMOVAL.	113	PART 2 DTHER S	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELA	ATED TO THE TERM	AINAL DISEASI	DR CONDITION	GIVEN IN PAI	RT 1 (a).					
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S SECTION S	Ş	CONTRIBUT		DEATH P.M.	E INTUING	19	21/ 10	CATION							
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST IS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HO WRITING THE WORD "PENDING" IN PENCIL IN ITEM 1 WARDED TO THE CHIEF MEDICAL EXAMINER ALONG GE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMI ITE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 201 PRIOR TO BURIAL.	MEDICAL CERTIFICATION	WHILE	NOT WHILE	STREET, FACTO				TREET			CITY OR TOWN	C	OUNTY	STATE	
DIN THIS C WARDE WARDE PAGE 31 21201		AT WORK	AT WORK		121		100						3.75	Track Inc.	
ME: T CTE, DRW PR: P E ST D, 2		220   cer	tify that I took char	ge of the remains desc	ribed abo	ove, held an	Autop	y [].	Inspection		Inquiry K	and in my o	pinion	100	
L EXAMINER: F CERTIFICATE OULD BE FOR IL DIRECTOR: H, WITH THE S MARYLAND,		death resul		F-1	Accident		oicide 🔲	, Homici			mined manner				
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AND FUNE	1	EXAMINER'S	NAME		1/	א רו.			1 Dor	on Ct					
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<b>-</b> )	"	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	)	
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610 68	2.05		1 RACE	Calary  5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	
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· 电显 5/K		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED MEVER MARRIED	9. BALTIMORE CITY O	_	
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ter de within	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		12a USUAL OCCUPATION	WORKING LIFE) INDL	KIND OF BUSINESS OR
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Per per	USU	AL RESIDENCE (IF NURSING HOW TO	THE INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZID CODE	21084
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the State of the s	14. F.	THER'S NAME	***************************************	15. MOTHER'S MAIDEN NA			
5 0 - //2 // .		John Jeff	erson Brown	Sara	Margaret	Baj	iley
= 0 - / 12	16a V	AS DECEASED EVER IN U.S. AR			ADDRE		
n and c	(1	ES, NO OR UNKNOWN) (IF YES, GIV	186-26-	9833 C. Arthur	Calary	same as	above
hysicior papers. loval.		18. CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), and	lich e		BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
physicion pape emoval.		PART I. DEATH WAS CAUSE	E CAUSE (0) Hepatre	Incephalo batt	V		10 days
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OR ATT be hospin DIRECT oched to oched to if hem 2		226. SIGNATURE	Rolla W.	DEGREE			DATE SIGNED
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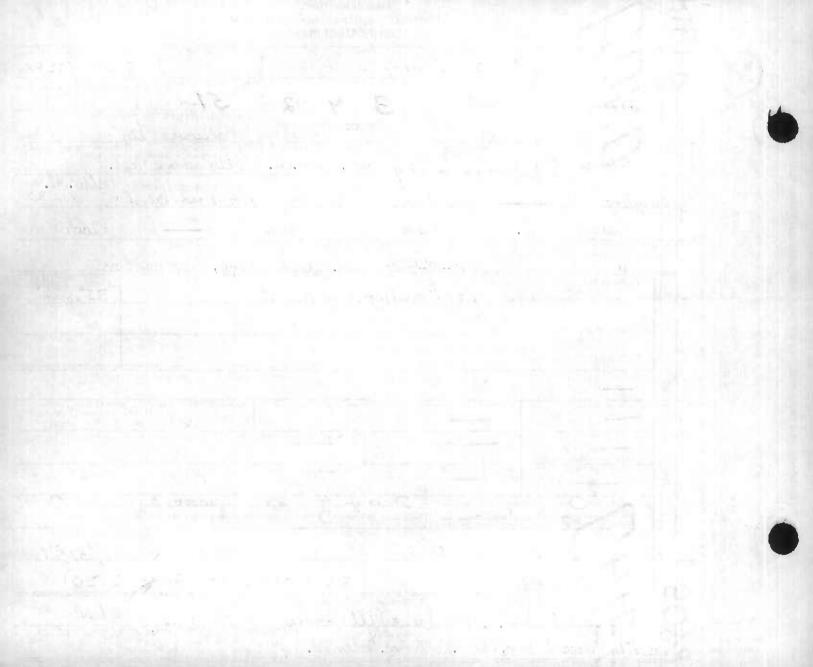


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x .7	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND IENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	00316
OX	BERNETY		"Campbell	20 DATE OF DEATH M	ONTH DAY YEAR 26. HOUR SHO AM
	3. SEX	Black	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHI	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
and 72 hours	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) S.C.	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR	0 4
by the fi	BAITHORE	11. NAME OF HOSPITAL, NURSIN PENOLUSICHACIUTY CIVE STREET FOVIDENT HO	G HOME OR OTHER INSTITUTION SPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V	
AND 212	USUAL RESIDENCE IN NURSING HOLD 130 STATE D. C.	HER INSTITUTION GIVE RESIDENCE BEFORE TO TOWN WAShing	ton 138 INSIDE CITY LIMITS?	136 STREET ADDRESS / 2107 G St	IP CODE 99999
MARYL, ompletely ond 2 st	I4 FATHER'S NAME  FISSON  JOhn	L. Jacks		MIDDLE	Peterson
MORE,	160 WAS DECEASED EVER IN U.S. AI		RITY NO. 17. INFORMANT 2594 Rosa Lee E	Bennett 817	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or oftending physician.  When this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Pages, Land 2 should be filler than Amental Hygiene prior to buriol, cremation, or removal.  The analysis of the medical exempter makine or a contract of the medical exempter makine or the death of the medical exempter.	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	NCE OF	MINAL DISEASE OR CONDI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  TION GIVEN IN PART I to
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SION OF VIT.  PHYSICIAN: T ending physic this certificate the burial-trons and mental Hys d or Hen 18 st	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI OF ETIMER. NOTIFY MEDICAL EXAMINI 216. IN JURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONTH DA	19 211 LOCATION	RRED (ENTER NATURE OF INJURY	
R ATTEND hospital or hospital or hed for use ept. of Heolitem 21 is m	270. J. certify that (I) (this hosp sow the deceased alive a above, (I) (we) (did) (did not still a Signature).	n 1191 19 0 19 0 19 0 19 0 19 0 19 0 19	DEGREE ATTENDING	n death occurred on the date	e and haur and from the causes stated  271. DATE SIGNED
TO HOSPITAL O	224 PHYSICIAN'S NAME (TYPE	AR WORL M	D 3100	THE FUID NUM THE AND PUE	
7998 <u>9</u>	230 BURIAL, CREMATION, REMOVA  SPECIFY)  Burial	1 101 1- 1	name of cemetery or crematory enterville A.M.	E Hartsv	ille S.C.
DHMH - 16 50M 4/83 (VRA 15, 4)	Wm. "C. March F	F/H 1101 F. N.		AN 2 0 1084	b. REGISTRAR'S SIGNATURE

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(VRA 15, 4)



43	1 - FOR STATE REGISTRAR			STATE O DEPARTMENT OF HEAD DICAL EXAMINER'			8 1 8 0 0	
7 (1)	1. DECEASED NAM	LINDA	MAF	RIE CARBAUG	LAST H	24 DATE KNOWN OF ESTI- DEATH MATED	MONTH, DAY YEAR 26 HO ☐ 1-20-84 <sub>19</sub>	M
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ALTIMO AFTER D SIVE PAGES 1 TISION O	160 WAS DECEAS (YES, NO, OR UNK	ED EVER IN U.S. ARM (IF YES, GIVE W	AED FORCES?	166 SOCIAL SECURITY NO. 159-52-617	l Gerald	734 <sup>29 RE</sup> C. Carbaugh M	Corner Rd. ercersburg, Pa.	
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TO MEDICAL EXAMINER: THIS CIRTI BECUTE THE CERTIFICATE. WRITING PACE A SHOULD BE FORWARDED TO FO LANEAL DIRECTOR: PACE 3 SH AFTER DEATH WITH THE STATE DEPA BATTINGRE. MARYDAND, \$1.30; PPE	WHILE AT WORK  720 I ce death resu  ACTUAL SIGNATUR  EXAMINER (TYPE OR P	E Natura	s of the remains design (all causes ),	Co	oldspring Re tapsy  Inspect In	I Wan Inquiry I.  Undetermined manner I  Ant MEDICAL EXAMINER  Penn Street	Franklin Co. state Shington Township and in my Bonnsylvania  DATE SIGNED 1-20-84	7
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y be		CEASED NAME FIRST	SE J	CA	RLOS	2a. DATE OF DEATH	MONTH DAY	84	26. HOUR 12:50 Å
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.AND 2120	136, 5	MD 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BINTY 13c. CITY OR BAL	PON	36 INSIDECITY LIMITS?		. Carrolt	on I	Avenue
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STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2a DATE OF DEATH 1. DECEASED NAME MONTH 2b. HOUR (TYPE OR PRINT) FOOTF CARTER GLEN 11:1 5. DATE OF BIRTH IF LINDER 24 HRS 3 SEX 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR YEAR Male Black 21 B. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY BALTIMORE Virginia U.S.A. WIDOWED DIVORCED [ O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY BALTIMORE LAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 21216 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Maryland Baltimore YES X 1150 N. Longwood Street NOF 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Gilliam Carter Eeatrice Bland ADDRESS 6g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. UT DERMANUS (YES NO OR UNKNOWN) 226 14 8796 YES Annie Lewis 1220 Bloomingdale Roa APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) I PART I. DEATH WAS CAUSED BY Lardio pal monare IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 rena 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? hand NOK NO I 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNT STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from DECEMBER 22 saw the deceased alive on JANUARY 2 19 83, and that in %in

abave, (W(we) (did) (dud not) view the body after death.

22e ADDRESS

DEGREE

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

83\_, and that in 1600 (aur) apinion death occurred on the date and have and from the causes stated

22c. DATE SIGNED

236 BURIAL, CREMATION, REMOVAL 236 DATE SPECTURIAL 1/9/84

225. SIGNATURE

231 NAME OF CEMETERY OR CREMATORY 23d LOCATION OWINGS Mill'S Garrison Forest VA

Ma IATE

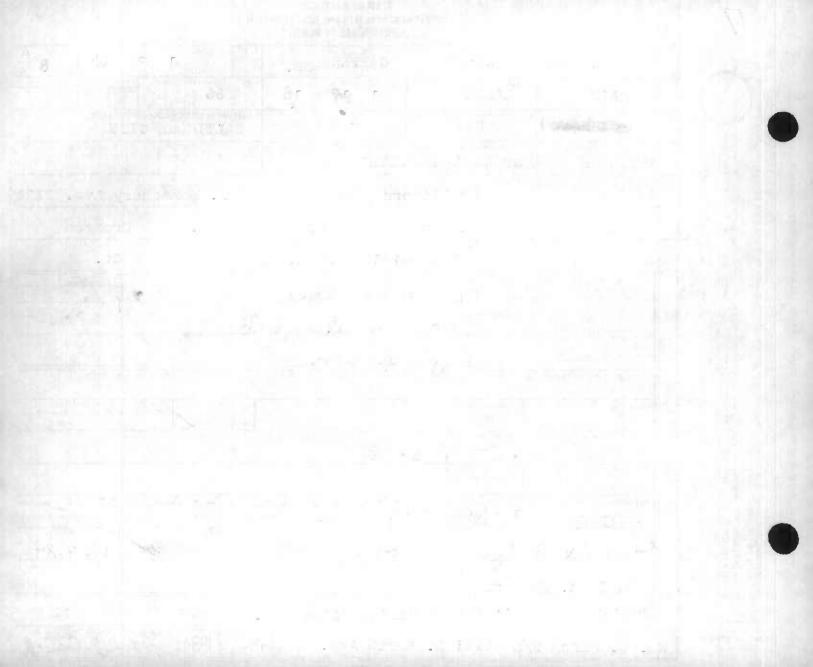
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24 FUNERAL DIRECTOR Wm Cammarch F/H Inc. 1101 North Avenue

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE



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		STATE REGISTRAR		DEFARIT		EALTH AND MENTAL HYD ICATE OF DEATH	REG. NO.		
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100	(1100	Kather	se 1	Grace	Ca	rter	1/3/	1/84/	13
	3 SE		4 RACE		5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)		UNDER
11		Female	Whi	te	Feb.	. 13, 1895 <sup>AR</sup>	88 YRS	MONINS DAYS HO	SAUC
3	7c. BI	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWE	DEVER MARRIED DEVELOPMENT	9. BALTIMORE CITY OR COUNTY Baltimore Ci		
35	10 C	Baltimore	CHURCH	HOSPITAL, NURSIN CHEACILITY, GIVE STREET HOME	ADDRESS)	R OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE None	12b. KIND OF BU	USINE
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1		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT Son			
$\forall$	- (	No No	GIVE WAR OR DATES)	214-22-	4549	C. Read Cart	er, 3900 N. Charl	les St.	21
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45		cause (a), stating the	) DIJE TO C	R AS A CONSEQUE	ENCEOF				
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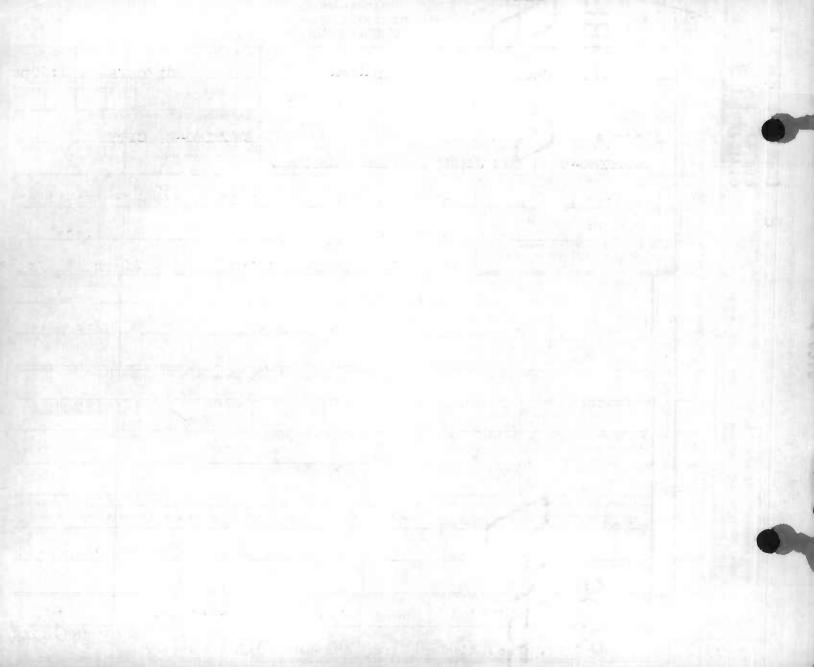
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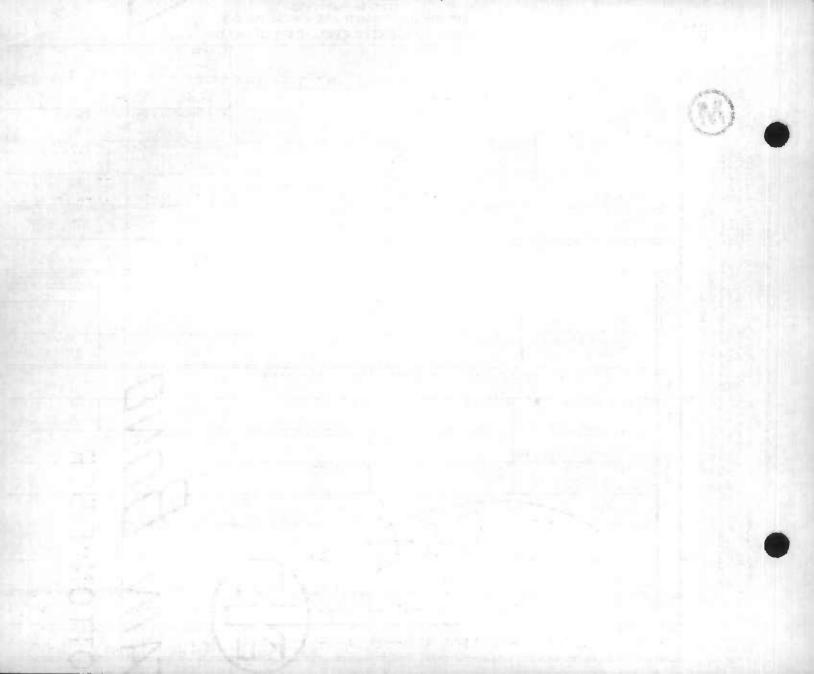
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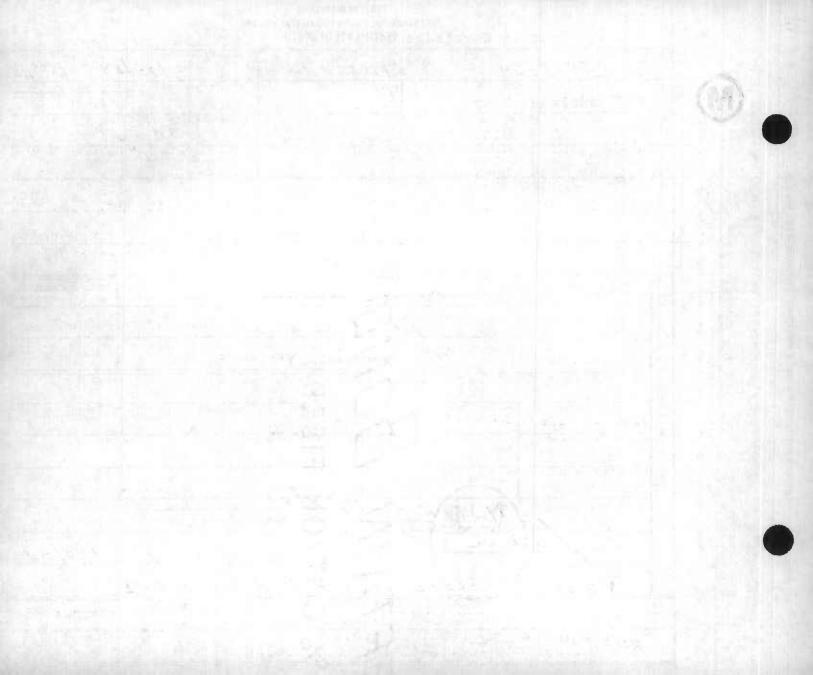
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4	5	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rGIENE 8 4 0	0 8 2 6
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00		1. SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IE UNDER 24 HRS
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- O See 12 100	20	BALTIMORE	THE JOHNS	HOPKINS HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIF	E) INDUSTRY
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to the page of the		James and the same	(c)			
Se de la constante de la const		PART 2. OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIV	EN IN PART I(a)
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BP.		BURIAL	1/13/84	Mount Auburn Cen	CITY OR TOWN	Md.
		24 FUNERAL DIRECTOR			ATE REC'D. BY REGISTRAR 256. REGIST	RAB'S SIGNATURE
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		'S NAME Thom RINT) Thom MATION, REMOVAL   23b, DATE	'S NAME Thomas D.  AATION, REMOVAL   23b, DATE	'S NAME Thomas D. Smith AATION, REMOVAL   23b. DATE   23c, NAME	'S NAME Thomas D. Smith, M.D.  MATION, REMOVAL 236. DATE 236. NAME OF CEM	Thomas D. Smith, M.D.  AATION, REMOVAL 23b. DATE 1/13/84 Garrison Fo	Thomas D. Smith, M.D. ADDRESS 111 AATION, REMOVAL 23b. DATE 1/13/84 Garrison Forest	(\$ NAME RINT) Thomas D. Smith, M.D. ADDRESS 111 Penn	"S NAME Thomas D. Smith, M.D. ADDRESS 111 Penn St., E  MATION, REMOVAL 1236, DATE 1236, NAME OF CEMETERY OR CREMATORY 1236 LOCATION	Thomas D. Smith, M.D. ADDRESS 111 Penn St., Balto AATION, REMOVAL 23b. DATE 1/13/84 Garrison Forest VA OWINGS Mil	"S NAME Thomas D. Smith, M.D. ADDRESS 111 Penn St., Balto., Md.  MATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION	"S NAME Thomas D. Smith, M.D. ADDRESS 111 Penn St., Balto., Md. 21201  MATION, REMOVAL 236, DATE 1236, NAME OF CEMETERY OF CREMATORY 1236 LOCATION





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST KNOWN 20. DATE (TYPE OR PRINT) Paul J. DEATH MATED Casper 1/5/84 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c DATE 2d. HOUR YEAR LAST BIRTHDAY PRONOUNCED AM 4:26 09 28 47 Male White 36 DEAD 1/5/84 YRS 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR **9 BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Maryland WIDOWED DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Baltimore 4500 Blk. Clifton Ave. Cab driver Cab Co. BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 1136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore 1256 Glyndon Avenue, 21223 YES X NO [] 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIR5T Pau1 J. Haze1 Casper Sr. Werness 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7. INFORMANT ADDRESS 21223 BURIAL - TRANSIT PERMIT, PAGES AND MENTAL HYGIENE, DIVISION 216-44-5004 Hazel M. Buscaglia 1830 W. Lombard St. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY Shotgun wound to the head IMMEDIATE CAUSE (o)\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🔽 NO F 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 4:20 MAM 1/5/84 subject shot 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN WHILE AT WORK PAGE 4 SHOULD BE TO FUNERAL DIRECTOR: PAGE
TO FUNERAL DIRECTOR: PAGE
TO FUNERAL WITH THE STATE
AMENDO 212 Taxicab 4500 Clifton Ave., Balto City Md. 220. I certify that I took charge of the remains described above, held an Autopsy Homicide X Natural couves Undetermined monner TITLE (SPECIFY) Assistant MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY 01-07-84 Cremation Loudon Park BP\_ Baltimore City Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR SIGNATUR 21229 **DHMH - 17** (VR A15 ME (5)) Hubbard Funeral Home, Inc. 4107 Wilkens Ave. 20M 4/B2

And the same of th 

DHMH - 16 50M 4/B3 (VRA 15, 4)

moy

- STATE

(TYPE OR PRINT)

1 SEX

I. DECEASED NAME

REGISTRAR

MALE

MARYLAND

BALT IMORE

MARYLAND 4 FATHER'S NAME

**JOSEPH** 

TO BIRTHPLACE (STATE OF FOREIGN

O. CITY OR TOWN OF DEATH

**GEORGE** 

4. RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13 a. STATE
13 b. COUNTY
13 a. CTTY OR TOWN

MIDDLE

ALBERT

STATE OF MARYLAND

CAVEY

5. DATE OF BIRTH

MONTH

WIDOWED

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

ST. AGNES HOSPITAL E.R.

MIDDLE

C.

76 CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13c. CITY OR TOWN

BALTIMORE

EAST

CAVEY

U.S.A.

WHITE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DAY

MARRIED A NEVER MARRIED

YES 😿

13d. INSIDE CITY LIMITS?

YEAR

DIVORCED [

NO [

15. MOTHER'S MAIDEN NAME

SOPHIE

REG. NO

70

BALTIMORE CITY

TYPE OF WORK FOR MOST OF WORKING LIFE

13e.STREET ADDRESS / ZIP CODE

MIDDLE

MAY

9 BALTIMORE CITY OR COUNTY OF DEATH

01

18

1918 GRINNALDS AVENUE, 21230

YEAR

84

IF UNDER TYEAR

INDUSTRY

2b. HOUR

126. KIND OF BUSINESS OR

AUTOMOBILE

LAST RAFF

4:42 Pm

IF UNDER 24 HRS

2a. DATE OF DEATH

6 AGE (IN YEARS LAST BIRTHDAY)

12a. USUAL OCCUPATION

INSPECTOR

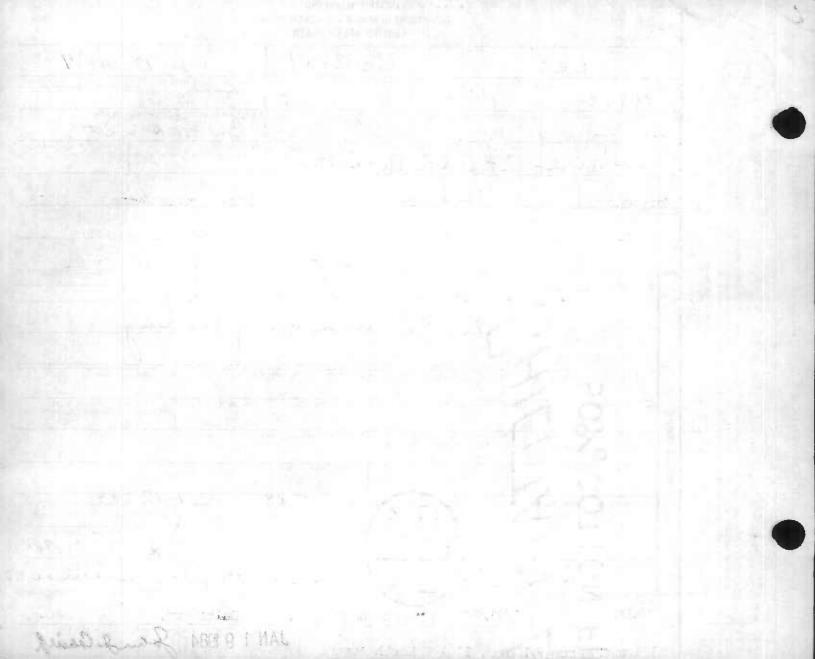
	VAS DECEASED EVER IN U.S. ARMED		SECURITY NO.	17. INFORMANT		ADDI	KE 22	21230
	NO		01-8099	ELIZABETH	HELE	N CAVEY	1918	GRINNALDS AVE.
	18 CAUSE OF DEATH lenter only or PART I. DEATH WAS CAUSED BY IMMEDIATE C.	Y- N		C.H.D				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CON	DUE TO, OR AS A CONS		NOT RELATED TO THE	TERMINAL	DISEASE OR COL	NDITION C	SIVEN IN PART I I a
RTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED		00 AUTOPSY?	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \( \) NO \( \)
MEDICAL CER	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  71d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY	DAY YEAR	21c. HOW INJURY O	CCURRED	ENTER NATURE OF INJ	IURY IN ITEM I	B PART I OR PART ?}
WEI	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, O	FFICE, FARM ETC )	STREET		CITY OR T	OWN	COUNTY STATE
1	22a I certify that (I) (this baseutal) saw the deceased alive an Se obove, (I) (wasted) (did nat) vii	eptember 30	02					2019_83, that (It (we) last aut and from the causes stated
	22b. SIGNATURE	- com		PHYSIC	NG MI	EDICAL STA	AFF ICIAN []	1-19-84
	NEVZAT TURKMAN,			22e ADDRESS 2601 WAS	HINGT	ON BOULE	VARD	
	(SPECIFY)	01-21-84	LOU	EMETERY OR CREMAT		BALT IMOR		
	UNERAL DIRECTOR  BBARD FUNERAL HON	ME, INC. 410		21229 NS AVE.	JAN	2 3 1984	R 25b. REG	ISTRAR'S SIGNATURE

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Sin January	dha wax a			.0.11	, a comme	1.1	
fomilyani arro see	7 L			A A			

10. CITY OR TOWN OF DEATH Baltimore  SENDI INSUCHE RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION BUSINESS OR MOST OF WORKING LIFE)  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. STATE Maryland  10. CITY OR TOWN OF DEATH Baltimore  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. INSIDE CITY LIMITS? YES NO   136. INSIDE CITY LIMITS? YES NO   520 N. Bouldin Street 21205  14. FATHER'S NAME Nicholas  Cederakis  Steliani	( X	FOR T - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	3 3 1
Male    Male	(2)	LIYPE OR PRINTS		LAST		0.00
Baltimore   U.S.A.	a otter p		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		MONTHS MONTHS	
The CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL NURSHING HOME OR OTHER INSTITUTION   12. STATE   12. STATE ADDRESS OR SUSSINESS OR STATE ADDRESS OR SUSSINESS OR STATE ADDRESS OR	1 C	COUNTRY				
13a STATE   13b COUNTY   13c CITY OR TOWN   13d INSDECTIF UMITS   13a STATE ADDRESS / ZIP CODE   15x	440		St. Agnes Hospi	OF HOME OR OTHER INSTITUTION ADDRESS)	126 USUAL OCCUPATION 126 I	USTRY
Nicholas  Nicholas  Cederakis  Steliani  Address  Steliani  Address  Steliani  Address  Steliani  Address  Address  Steliani  Address  Steliani  Address  Description  Nicholas  Steliani  Address  Address  Steliani  Address  Address  Steliani  Address  Steliani  Address  Steliani  Address  Address  Steliani  Address  Steliani  Address  Steliani  Address  Steliani  Address  Address  Steliani  Address  Address	195	13a. STATE 13b.	COUNTY 13c. CITY OR TOW	N 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 520 N. Bouldin Stree	et 21205
REAL CAUSE OF DEATH IENter only one course per line for 10, (b), and (s).  PART I DEATH WAS CAUSED BY.  Conditions, if any, which gover rise to immediate course lost.  DUE TO, OR AS A CONSEQUENCE OF COURSE IO), storing the underlying course lost.  (c) AS A CONSEQUENCE OF COURSE IO), storing the underlying course lost.  (c) AS A CONSEQUENCE OF COURSE IO), storing the underlying course lost.  (d) AS A CONSEQUENCE OF COURSE IO), storing the underlying course lost.  (e) AS A CONSEQUENCE OF COURSE IO), storing the underlying course lost.  (d) AS A CONSEQUENCE OF COURSE IO), storing the underlying course lost.  (e) AS A CONSEQUENCE OF COURSE IO), storing the underlying course lost.  (e) AS A CONSEQUENCE OF COURSE IO), storing the underlying course lost.  (e) AS A CONSEQUENCE OF COURSE IO), storing the underlying course lost.  (e) AS A CONSEQUENCE OF COURSE IO), storing the underlying course lost.  (e) AS A CONSEQUENCE OF COURSE IO), storing the underlying course lost.  (e) AS A CONSEQUENCE OF COURSE IO), storing the underlying course lost.  (f) Bo DATE OF OPERATION  198 CONDITION FOR WHICH OPERATION WAS PERFORMED  210 ACCORNING UNAS UNDERSTING.  210 ACCORNING UNAS UNDER	200		Cederakis	s Steliani	WIDDIE	
R. CAUSE OF DEATH LEGIET only one couse per line for 10), (b), and (c)	Poges medica	160 WAS DECEASED EVER IN U	VES GIVE WAR OR DATEST	Mrs. Oreanth	e Cederakis, 520 N. 1 Baltimo	Bouldin St.
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  WHILE NOT WHILE NOT WHILE OF PRINTS  Saw the deceased alive no obove, (I) (we) (did) (did) not hiew the body after death  22d. SIGNATURE  DEGREE  22d. PHYSICIAN SNAME IMPEORPRINTS  22d. PHYSICIAN SNAME IMPEORPRINTS  22d. DATE SIGNED  22d. DATE SIGNED  22d. NAME OF CEMETERY OR CREMATORY  23d. BURIAL, CREMATION, REMOVAL 23b. DATE  23d. NAME OF CEMETERY OR CREMATORY  23d. LOCATION  COUNTY STATE  CITY OR TOWN  COUNTY STATE  22d. DATE SIGNED  22d. DAT	in signed by the off Their please remover injury, or other tras-	gave rise to immedia cause (a), stating to underlying cause (a) PART 2 OTHER SIGNIFIC	te he DUE TO, OR AS A CONSEQUE	encept signaid	MINAL DISEASE OR CONDITION GIVEN IN P	
22a. I certify that (I (this haspital) attended the deceased from 19 24. and that in (my) (aur) apinion deoth accurred on the date and hour and from the causes stated obove. (I) (we) (did) (did) new flew the body after death 19 25. SIGNATURE DEGREE  22b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR STAFF PHYSICIAN DIRECTOR P	inficote hos been di-fromus permit ind Hygiene priori		NG 216 TIMP OF INJURY OF DEATH HOUR A.M. MONTH D.	216 HOW INJURY OCCUR	YES NO YES YES	AUSES OF DEATH?
226. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN COUNTY STATE	se os the burn earth and Mer marked or th	AT WORK AI WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21) LOCATION STREET	CITY OR TOWN COL	
236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY STATE	(A) DRECTOR detached for a detached for a dr. if hem 21 a	obove, (I) (we) (did) ( 22b. SIGNATURE	Jaile Saules	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	
236 BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN COUNTY STATE		220. PHYSICIAN'S NAME	C	22e. ADDRESS  Q	mes Serpilot	-
		230 BURIAL, CREMATION, REM (SPECIFY) Burial			CITY OR TOWN COUNT	

100 and some from , and A 1757 A 23 

6			FOR STATE REGISTRAR	79/84, by	DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL RTIFICATE OF DEATH	HYGIENE B REG. N	0 0 3	3 2
	( ASA	(TYPE	CEASED NAME L FIRST	و	MIDDLE	Central	20. DATE OF DEATH	MONTH DAY YEAR / - 17 - 1984	7: 20 P. M
	D 2.5	3 SE	Male	4 RACE B	16	MONTH DAY YEAR		YRS.	
	death. Pa	Sc	RTHPLACE (STATE OR FOREIGN , COUNTRY)  Outh Carolina  HY-OR TOWN OF DEATH	U.,	S.A. WI	ARRIED NEVER MARRIED  DOWED DIVORCED  DIME OR OTHER INSTITUTION	= Balti	more of DEATH	MD. OF BUSINESS OR
1201	in by the		Bultimore AL RESIDENCE I IF NURSING HOME	- Cutt	CH FACILITY, GIVE STREET ADDRE	pospital	(TYPE OF WORK FOR MOST		
/LAND 2	him 24 h	13a. 3	aryland ATHER'S NAME	UNTY	Baltimore	13d. INSIDE CITY LIMITS YES NO 15 MOTHER'S MAIDEN	2826 Wind	sor Avenue	21216
BALTIMORE, MARYLAND 2120	Scored with	16a. V	FIRST  LEO WAS DECEASED EVER IN U.S.		Central 166 SOCIAL SECURITY	Ella NO. 17 INFORMANT	Lee ADDR	Car	nty
ALTIMO	sicron only		NO	GIVE WAR OR DATES) anly one cause pe	251-56-2210	Elnora Ce	ntral 2826	Windsor Ave	ENUE
-	ith certifica carbonpo , ar remov notic event		PART I. DEATH WAS CAU	SED BY: IATE CAUSE (o)	Cardios	ulmonary	1 arest	0	
201 W. PRESTON ST.	that the dec d by the atte lease remove fol, cremation		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	008 10.0	DR AS A CONSEQUENCE	OF CATELAND	a of the	rung	
RDS, 201	quires 1h signed   Then pleo to buriof njury, or	NOI	PART 2. OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO DEAT	BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CON	IDITION GIVEN IN PART 1	(0
DIVISION OF VITAL RECORDS,	The low	CERTIFICATION	19a DATE OF OPERATION			RATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDI IN CERTIFYING CAUSE: YES	INGS USED S OF DEATH? NO [
N OF VIT	Scient Scientification of the second	MEDICAL CE	21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI	DEATH HOUR A	.M. MONTH DAY	YEAR 19 21f LOCATION	CURRED (ENTER NATURE OF INJ	IRY IN ITEM 18 PART I OR PART 2)	
DIVISIO	After this courted by the ball and by the ball ball by the ball by	WED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22d. Land St. About 10 March	JAT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FARM E		CITY OR TO	OWN COUNTY	STATE
	R ATTEND hospital is RECTOR and for un		220.1 certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did 22b. SIGNATURE	on	- 11/ 19 84	ond that in (my) (our) apri	nian death accurred an the c	date and haur and from the	, that (I) (we) lost e causes stated E SIGNED
	HOSPITAL O		22d. PHYSICIAN'S NAME (TYP		nld, M.D	ATTENDIN PHYSICIA 220 ADDRESS A	MEDICAL STA	FF CIAN X 1-1	7-1984
	TO FOUR Should with the second		BURIAL, CREMATION, REMOV.		ZZc. NAME	OF CEMETERY OR CREMATO	ORY 23d LOCAMON CITY OR TOWN	county	STATE
	BP DHMH - 16 50M 4/B2 (VRA 15, 4)	24. F	BURIAL  UNERAL DIRECTOR  NAME  11iam C March	1/21,	ADDRESS	t Auburn Cem.	Baltimo PATR REGID BY REGISTRAN	re, 25h / GISTRAR'S SIGNA	Md.
		11.3		1/11 1110	· TIOT TO TAOT	C11 214 C110C		10	



STATE OF MARYLAND

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1 - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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BC2-2	C	U	0	3	ili

REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.			
1. DECEASED NAME (TYPE OR PRINT)	WILLIA	AM	R.		ALK	2a. DATE OF	Januar	y 23,8	10.110	18a
3. SEX Male		4. RACE Whi	Lte	5. DATE C		6. AGE (IN YEA	RS LAST BIRTHDAY)		YEAR IF UNDE	ER 24 HR
76. BIRTHPLACE (SI COUNTRY) Maryland		Ţ	WHAT COUNTRY?	WIDOWE			LTIMORE		H	٨
BALTIMORE		VA MED	CH FACILITY, GIVE STREET ICAL CENT	T ADDRESS)	LTO MD 21218	120. USUAL O (TYPE OF WORK) Reti	OR MOST OF WORKING		ND OF BUSIN	IESS C
USUAL RESIDENCE 130. STATE Maryland	136 COUN		130 CITY OR TOW Baltime	VN	13d. INSIDE CITY LIMITS? YES 🖾 NO 🗌	3424 1	ODRESS / ZIP CO Keswick I		21211	
Millia		bert	Chalk		15. MOTHER'S MAIDEN N Annie	IAME	WIDDLE	(unkr		
160 WAS DECEASED (YES, NO OR UNKNO YES		E WAR OR DATES)	212 18 9		Mr. William	n R. Chai	ADDRESS Lk, Jr.	702 W.	21211 33rd.	
gove rise 1 couse (o), underlying	ony, which immediate stating the couse last	(c)_	OR AS A CONSEOU		NOT RELATED TO THE TEL	rminal disease	or condition	GIVEN IN PAR	RT LIOY	
NO 190 DATE OF C	DPERATION	196. CONE	TION FOR WHICH	H OPERATION	N WAS PERFORMED	200 AUTOR	PSY?   20b. IF	YES, WERE FILE RTIFYING CALL YES	NO INGS USI	ATH?
OR CONTRIBUTING IF EITHER NOT 21d. INJURY O	NOT WHILE ALL WORK	ATH HOUR A	OF INJURY M. MONTH D M.  OF INJURY  IREET, FACTORY, OFFICE.	19	21c. HOW INJURY OCCU		CITY OR TOWN	18 PART TOR PAR		STATE
22e.1 certify to sow the cabove, (X 22b. SIGNATU	(we) (did) ( <b>X</b> (X)X	Janua (	he degrased from LY 25 19 y ofter death.		d that in (m) (our) opinio	. 10 500	on the date and h		the couses s	stoted
J-R	N'S NAME (TYPE C	OR PRINT)	1	N	ATTENDING PHYSICIAN	DIRECTOR [	STAFF PHYSICIAN	< 1	123/	py
23e. BURIAL, CREMA	TION, REMOVAL	0. 7) NO. 1236. DATE	236.	NAME OF C	3900 LOCK	23d. LOCAT	ION		21218	
Burial		1/26/	/84 Lo	orrain	e Park Cem.		imore	COUNTY	Mary	lar

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

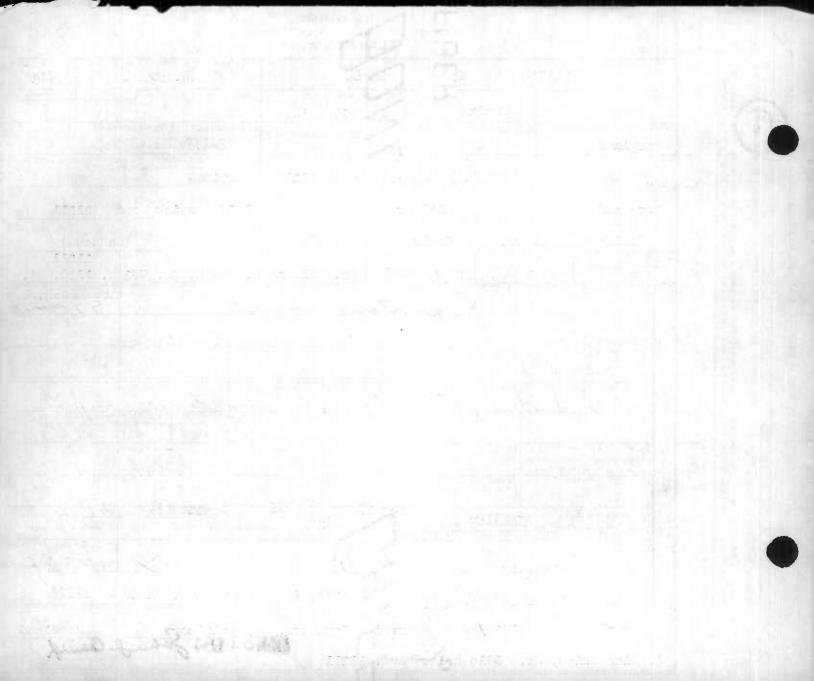
DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR:

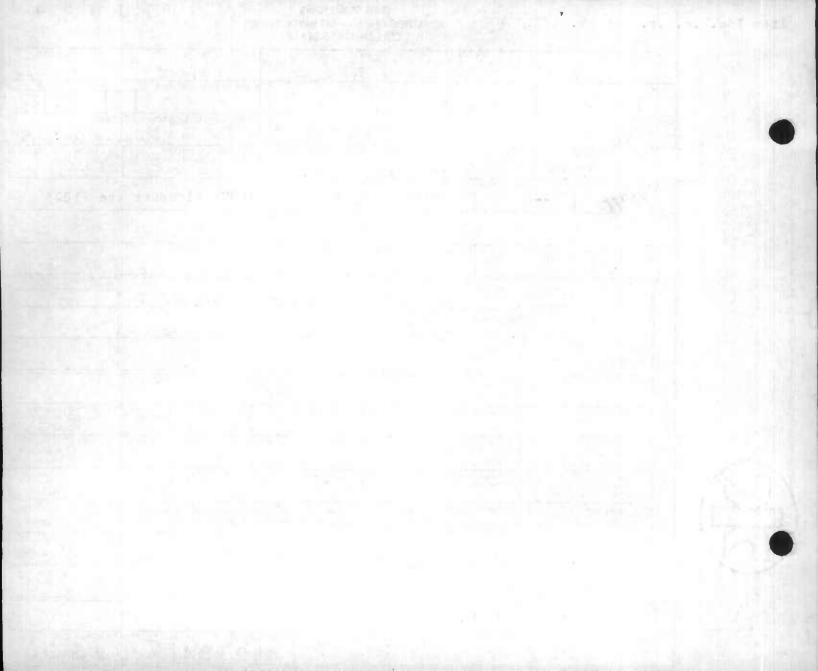
should be detached for use as the burial-transit permit. Then please remove corbanapes with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

24 FUNERAL DIRECTOR

A. Alan Seitz, Jr. 3818 Roland Ave. 21211 Maryland



13a.b.c.	٩°.	efor per ph. 1/26 STATE REGISTRAR	/84 DEPAR	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE REG. NO	o. 0	
	1. DE	CEASED NAME FIRST	MIDDLE		ST	20. DATE OF DEATH	MONTH DAY YEAR	26. HOUR
poge 3	(1117	13AB4	1309	(1	HANCE	1/13/8	4	1025
- , -	3. SE		RACE	5. DATE O		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR	
ge 4 ector rrs off		Male	BLACK	, Mortan	13 84		YRS.	23
th. Po		RTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY	? 8 MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	BALTIME	ort Ci
de fe	10. ⊂	TSALTIMORE	NAME OF HOSPITAL, NURS			12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST O		OF BUSINES
hours of the file	138 020	AL RESIDENCE (IF NURSING HOME OR OT STATE	HER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION)	13d INSIDE CITY LIMITS?		mount Ave 2	21223
35		///	Dair	,0	YES NO		nounc ave a	2122)
mpletely filled in and 2 should be	14. F/	ATHER'S NAME FIRST MID	DLE LAST		15. MOTHER'S MAIDEN NA FIRST	WE		LAST
Poges 1	16a \	WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN). (IF YES, GIVE W		CURITY NO.	17 INFORMANT	ADDRE	SS	
that the death certificate d by the attending physic lease remove corbanpape ial, cremation, ar removal or other traumatic event, th		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ  (b)  DUE TO, OR AS A CONSEQ  (c)	UENCE OF UENCE OF	E PREM	MTURIT	4	
signe Then pl to buri njury, o	NO	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART	1(0)
he low re on. hos been t permit. ene prior	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?  YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUS YES	
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W X	STATE OF MARYLAND FOR 3 84 1-1-SYALES / 84 REGISTRAR  STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
oy be sooge 3	DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 20. HOUR CYPE OR PRINT)  SEX 14 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HISS
4 m	MONTH DAY 1848 85 YRS. MONTHS DAYS HOURS MIN.
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AND 21 has in 24 has havid be havid be	JSUAL RESIDENCE IN NURSING HOME OR CITY INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  30. STATE  136 COUNTY  136 COUNTY  137 TOWN  137 TOWN  138 COUNTY  138 COUNTY  139 COUNTY  130 TOWN  130 INSIDE CITY LIMITS?  2216 Ruskin Ave 21217
MARKE Property Cond Z:	John Mode Chandies Another's Maiden NAME Middle Bast Last
be execu	60. WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  MES EUNICE Ghee -2216 Ruskin St
ST., BAL	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) CARDIO (ULMONARY)  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT

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Washington, DC  U.S.A.   Middle   DMORED   Baltimore City   Baltimore   Mambo Phospital, Nursing Home or Other Institution   In	1					8.					OF DEATH	
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Maryland    H. FATHER'S NAME   SAME	Z.	USU/ 13a S	AL RESIDENCE (IF NURSING HOM	E OR OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)			12. STREET ADDRESS			
18. FATHER'S NAME   Rest   R	2	Ma		,0,,,,						t 43r	d St.	2121
Benjamin Chase Mable Good Mable G		14. FA		WDD:					WE			
NO   18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)   PART 1. DEATH WAS CAUSED BY:   (c)   Conditions, if ony, which gave rise to immediate couse lost.   (c)   Conditions for which operation was performed   (c)   Conditions for which operation was performed   (c)   Conditions for which operation was performed   (d)   (d)   (d)   (d)   (d) (d) (d) (d) (d) (d) (d) (d) (d) (d)	D			WIDDLE		19/10			MIDDLE		Goi	ngs
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228. I certify that (I) (this hospital) attended the deceased from  saw the deceased alive on above, (I) (we) (did) (did not view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN SNAME (TYPE OR PRINT)  226. PHYSICIAN SNAME (TYPE OR PRINT)  226. ADDRESS	1	AL		DUNIN			32					
228. I certify that (I) (this hospital) attended the deceased from  saw the deceased alive on above, (I) (we) (did) (did not view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN SNAME (TYPE OR PRINT)  226. PHYSICIAN SNAME (TYPE OR PRINT)  226. ADDRESS		EDIC		21e PLACE (	OF INJURY			1			4.00 mm	
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	1				20 1						7/D 011	270

DHMH - 16 50M 1/B1 (VRA 15, 4)

MPORTANT: If he should be detact

24 FUNERAL DIRECTOR

CMMarch F/H Inc. 1101 North Avenue

23a BURIAL, CREMATION, REMOVAL (SPEC'B'URIAL

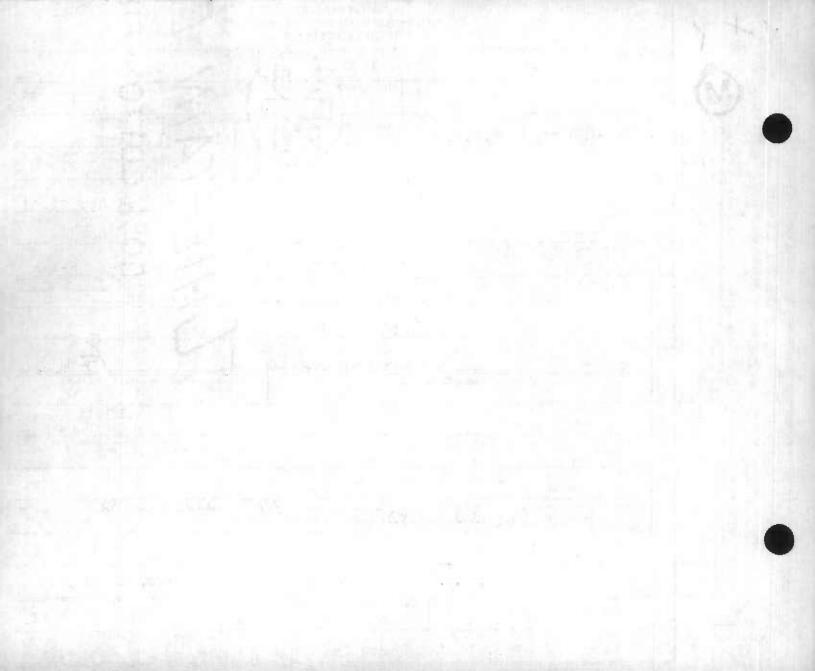
23b DATE 1/4/84

23¢ NAME OF CEMETERY OR CREMATORY Mount Calvary Cem

Anne Arundel Co,

Md.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



- STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

REGISTRAR

1. DECEASED NAME

BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE, CITY 176 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY SECURTTY GUARD HOSPITAL. 13e STREET ADDRESS / ZIP CODE 332 S. CLINTON STREET 21224 LAST KOLVAC SAME AS 13e. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG 70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 711. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TE PART TOR PART 2) COUNTY STATE 84 and that in (My) (our) opinion death accurred an the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN 3900 LOCH RAVEN BLVD. BALTIMORE. COUNTY CREMATION 1/18/1984 GREEN MOUNT CREMATORY BALTIMORE. 74 FUNERAL DIRECTOR 250 DATE REG'D. BY REGISTRAR 256 REGISTRAR'S SIGNAPOR WALTER BROOKS BRADLEY, INC. DUNDALK, MD. 21222

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

7b. HOUR

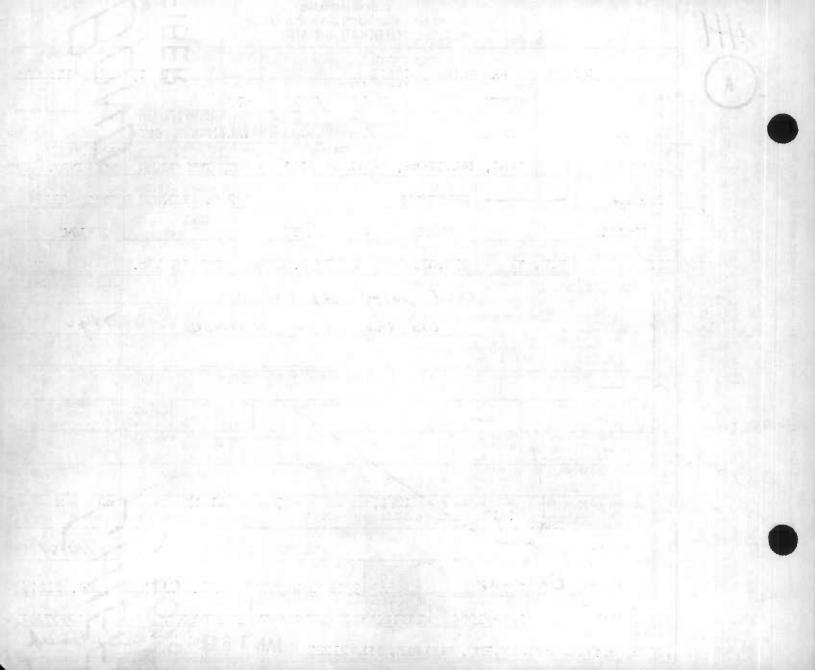
12 . 00 AM

IF UNDER 24 HRS

84

IF UNDER TYEAR

7g DATE OF DEATH



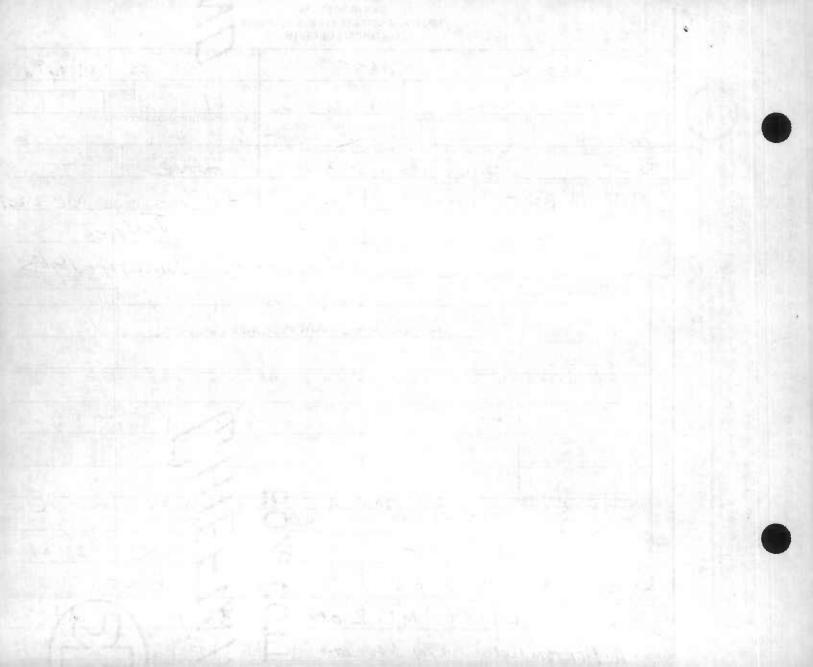
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2/1	FOR STATE REGISTRAR				MENT OF I						DEC NO			
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3.	SEX	14. RACE	S. DATE OF BIRTH		6. AGE (IN YE		DER 1 YR. IF			DATE		MONTH	DAY YEA	
	Male	Black	March 17	YEAR	19 YE		S DAYS	HOURS MIN	N. PRON	NOUNCED DEAD	)	1	16 19 8	4 11:30
	BIRTHPLACE	STATE OR	76 CITIZEN OF W	HAT COUN					9. BA	LTIMORE	CITY OR	COUNTY	OF DEATH	4 1D W
1	Marylan		United	State		WIDOW	ED NEVE	DIVORCED		al+ir	nore (	City		140
	CITY OR TOW		11. NAME OF HO	SPITAL, NU	RSING HOME				u USUAL O	CCUPATI	ON ITYPE O		2b. KIND OF	
	Baltir	nore	2601 V		ns Aven	ue			FOR MOST O	F WORKING	LHFE)		OR INDU	STRY
	UAL RESIDENCE	E (IF IN NUR	OF OTHER INSTITUTION, G	IVE RESIDENCE		ONI	13d. INSIDE CITY	пинтер 113-	e. STREET A	DDDESS	-			
	Marvlan	d Char	les		Alton	W. 3			30x 17		enera	al De	1. 206	511
-	FATHER'S NA		MIDDLE		LAST		15. MOTHER	S MAIDEN N		MIDDLE			LAST	
	Thomas		E.		ase Sr		Emma			A		Tho	mas	
16	WAS DECEAS	SED EVER IN U.S. AR	MED FORCES?		CIAL SECURIT		17. INFORMA	ANT		A	DDRESS			
	No	(11 763, 0176		Jun.	Know	IN	Thoma	s E. C	Chase	Sr.	BelAl	Lton.	Md.	
	II CAUSE		nly one cause per line											ATE INTERVAL
	PARIT	DEATH WAS CAUSE	TE CAUSE (o) GO				nead							
	74	24	DUE TO, OF		NSEQUENCE (									
Г	gove	ions, if any, which rise to immediate	(b)											
1		a) stating the <u>under</u>	DUE TO, OF	R AS A CON	NSEQUENCE (	OF								
			(c)											
1		SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	ATEO TO THE TERM	INAL DISEASE	OR CONDITION 6	GIVEN IN PART 1	10					
	19a. DATE O	OF OPERATION	19b. COND	ITION FOR	WHICH OPER	ATION W	AS PERFORM	ED?					20 AUTOPS	Y?
1	SE S												YES X	NO [
	21a EXTERI	VAL CAUSE WAS	216 TIME O	F INJURY	DAY VEAS	21c. HC	OW INJURY O	CCURRED (	ENTER NATURE	OF INJURY	N ITEM 18 PAR	RT 1 OR PART		- 1
	UNDERLYIN CONTRIBU	IG OR TING CAUSE OF	DEATH 11:15	w. 1	16 1984	S	ubject	shot						
	214 INJURY	OCCURRED	71e PLACE	OF INJURY	(AT HOME,	21f LO	CATION		C 154	ORTOWN		COUN	ITV	STATE
	¥ WHILE AT WORK	NOT WHILE	STREET, PAC	bar bar	ire.j		Wilke	ens Ave				COUR	VIII	Md.
	-	/	ge of the remains de	esco Cook abo	ove, held on I	Autap	x X	Inspection	], Inc	guiry [	ond	in my opir	nion	
	death rase		2 June	(A)	10 1	lide 🗌	, <u>Homicid</u>	,	Undetermin	. ,		,		
	2.52/04/09	( //	1/1511	WL	6. V		PITLE (SPE							
	ACTUAL		volva	401	mus	X_M	Deputy	y Chie	EMEDICAL I	EXAMINE	R	DATE	1/17	/84
L	EXAMINER	S NAME / D	Thomas D	Cons Lle	M D	0								
L	(TYPE OR P	KINT)	Thomas D.				ADDRESS	lll Pe			Balto	• , I'ID	•	
	{SPECIFY]	ATION, REMOVAL			NAME OF CE				23d. LOCATI CITY OR TOV	WN _		COUNT		STATE
	Burial 1 FUNERAL DIR	ECTOR	Jan. 20,19	84   S	t. Igna	atius	125	a. DATE REC'	Char	STRAR I	oint	Char RAR'S SK	TES IN	id.
	NAME	n Funeral	Homo	s Pe	omonkey	EM 7		abat" a	NOC	100	1 3	Lelen	3.0	threk
-		wichal	TOTIE		OILLO	, Ma	•		10 11	1 100				

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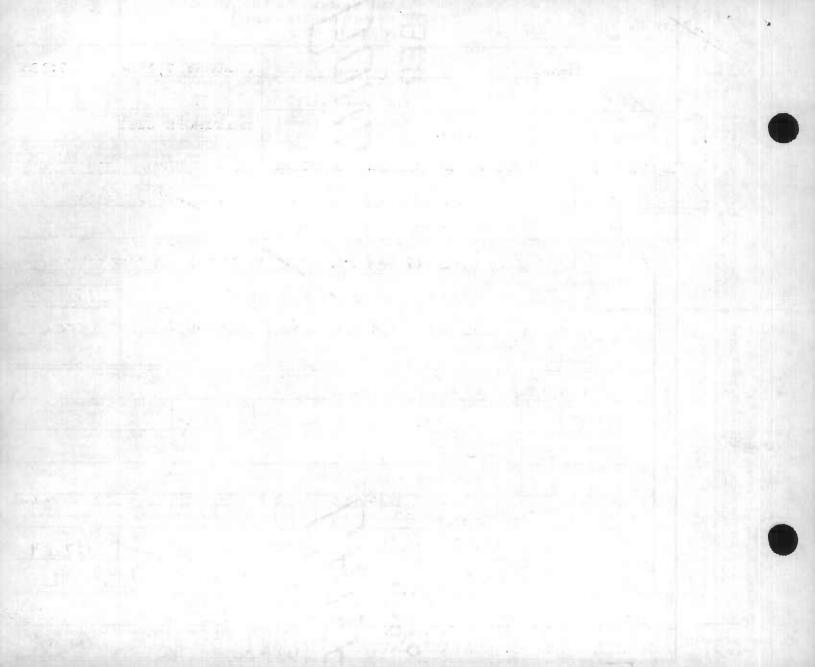
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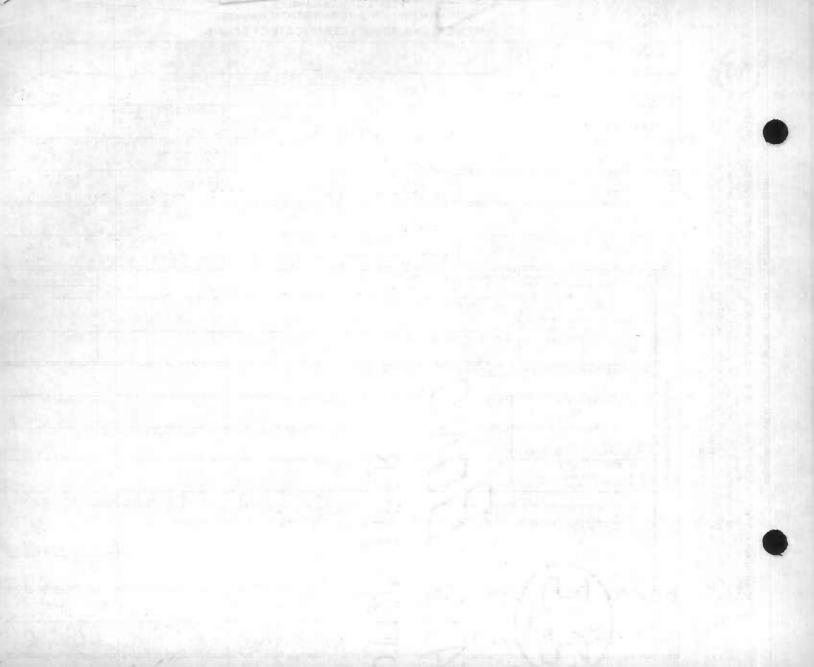
L	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	CATE OF D	MENTAL HYG		EG. NO.	0 5	4 2
oy be oge 3	1. DEC	CEASED NAME OR PRINT)	FIRST SUER		DDLE	CHA	5E		20. DATE OF DEA	AN ZE	DAY YEAR   1984	1 1945 AM
ge 4 mo	3. SE	Femal	5	Neg	0	5. DATE C	F BIRTH	YEAR	6. AGE (IN YEARS)	YRS.	MONTHS DAYS	
de ch. P		RTHPLACE (STATE ORFO		U	SA	MARRIE	-	VORCED	BALT.	CITY OR COUNTY	- 13	MD,
by the fi	1	BALT		(IF NOT IN SUCH		OSP	0 2	AT		UPATION MOST OF WORKING LII	FE) 12b. KIND ( INDUSTRY	OF BUSINESS OR
AND 215	13a. S	MU	136 COUNTY BAL	_ 1	BALT		13d. INSIDE C	NO []	3805	WOOD P	SINE F	AVE ZIZE
ompletely on 2 s	/		NKMIDI		LAST		hi	FIRST/ie	WIE	DDLE Jef	fries	AST
be executed on and control or and control or seed or s		VAS DECEASED EVER I (ES, NO OR UNKNOWN)	N U.S. ARME		166 SOCIAL SEC	URITY NO.	BG1	RENR	2526	Calvere	TON	HS HS
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours retending physicion and completely filled in by os the buriol-transit permit. Then please remove corbon papers: Pages fond 2 should be filled in by os the buriol-transit permit. Then please remove corbon papers: Pages fond 2 should be filled in by os the buriol-transit permit. Then please remove corbon papers. Pages fond 2 should be filled in by or the and Mental Byshows ony injury, or other troumotic event, the medical chain permit for the buriol corked or them.	NOI	PART I. DEATH W.  Conditions, if ony, gove rise to imm couse (o), stating underlying cause  PART 2. OTHER SIGN	which (ediote at the lost.	DUE TO, OR  (b)  DUE TO, OR  (c)	AS A CONSEQU	UENCE OF		penoc	arence		VEN IN PART 1	lia
TAL RECOR	CERTIFICATION	19a DATE OF OPERAT	ION	196. CONDIT	ION FOR WHIC	H OPERATIO	N WAS PERFO	RMED	200 AUTOPSY	_ IN CERTI	S, WERE FIND FYING CAUSE ES	DINGS USED ES OF DEATH?
VISION OF VITA  Theredong physicia  Fir this certificate  The burnol-transit  and Mental Hygi  ced or free 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDO OR CONTRIBUTING CC (IF EITHER, NOTIFY MEDIC 210. INJURY OCCURR WHILE CONTRIBUTION	AUSE OF DEATH ALEXAMINER)	P.M. 21e. PLACE O	1. MONTH [ 1.	19	21c. HOW IN		ED (ENTER NATURE	OF INJURY IN ITEM 1B	PART I OR PART 2)  COUNTY	STATE
TTEND opiral o		WHILE NOT WHI AT WORK  220.1 certify that (1)  sow the decease above, (II (we) (d)  22b. SIGNATURE	his hospital	- 4 -	1 70	84 , ar		(aur) pinion o			or and from the	, that (I) (we) ast the causes stated
HOSPITAL bined by the FUNERAL build be detected to the Store		270 PHYSICIAN'S NA POYSERT	DE (TYPE OR PR	MAR	co. A	10	22e ADDRES		MEDICAL P	4 0	1-2 LT.	28-84
BP O de M	73	SURIAL, CREMATION, P SPECIFY)	REMOVAL	236. DATE	34 230	NAME OF C	EMETERY OR O	CREMATORY	23d. LOCATIO		COUNTY	M d STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	24m	INERAL DIRECTOR S. A. MOR	ZON	1 Sons	ADDRESS / 70/	604	r izns		REC'D BY REGIS		FRAR'S SIGNA	TURE TO THE



STATE OF MARYLAND



7 1- STA				AND MENTAL HYC		0 0 3 4 4
1. DECEA	ASED NAME FIRST R PRINT)  Beatr	rice	Ch	nester	20. DATE KNOWN OF ESTI- DEATH MATED	Ti .
3. SEX Fer	male Black	5. DATE OF BIRTH MONTH DAY 12 4 27	6. AGE (IN YEARS IF UP LAST BIRTHDAY) MONT 56 YRS.	NDER 1 YR. IF UNDER 24 HS OAYS HOURS MI	HRS. 2c. DATE PRONOUNCED DEAD	1-4 1984 a: 1
FOREIG M &	HPLACE (STATE OR GN COUNTRY) aryland	U.S.A.	MARR	IED NEVER MARRIED	□ Baltimore	
/ Ba	or town of DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV Providen	t Hospital	HER INSTITUTION 12	FOR MOST OF WORKING LIFE)	YPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY
130 STAT	RESIDENCE (# IN NURSING HOME O TE   136 COUN' ryland	TY 113c. C	altimore		street address 1342 Fremo	21217 nt Avenue
V	HER'S NAME William		ands	15. MOTHER'S MAIDEN N	MIDOLE	LAST
(YES, N	S DECEASED EVER IN U.S. ARA NO, OR UNKNOWN) KNOWN	WAR OR DATES)	ocial security no. 17-22-0373	Evelyn Ch	ester Cros	\$2307 Witchita s Ave.
	Conditions, if only, which gave rise to immediate couse (a) stating the <u>underlying cause last.</u> ART 2 DTHER SIGNIFICANT CONDITIONS				(0).	
TIFICATIO	98. DATE OF OPERATION		DR WHICH OPERATION V			20 AUTOPSY?  YES □ NO 【  YES
CALC	IO. EXTERNAL CAUSE WAS NDERLYING OR ONTRIBUTING CAUSE OF DE INJURY OCCURRED	21e. PLACE OF INJU	TH DAY YEAR  19 RY (ATHOME, 21f. LC	CATION	ENTER NATURE OF INJURY IN ITEM I	
A A SH	CTUAL SELECTION OF THE	e of the remains described a louses Accide	obove, held an Autop nt , Suicide	Homicide	Inquiry , our town Inquiry , our	ond in my opinion  DATE SIGNED 1-4-84
		3b DATE 23	NAME OF CEMETERY C Baltimore	OR CREMATORY I	Baltimore	COUNTY M d'ATE
	Committee of the Commit					, rid .



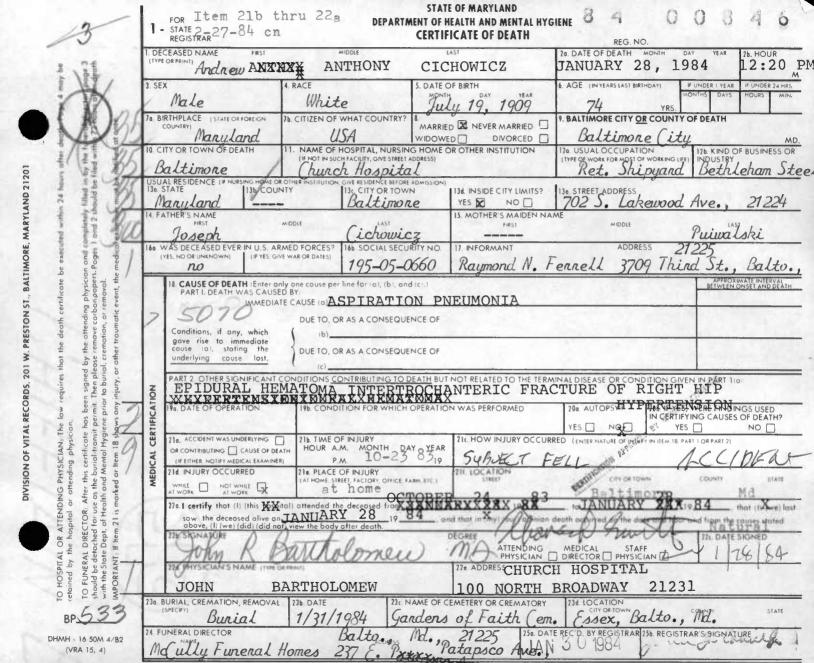
Leonard J Ruck Inc. Baltimore, Maryland

STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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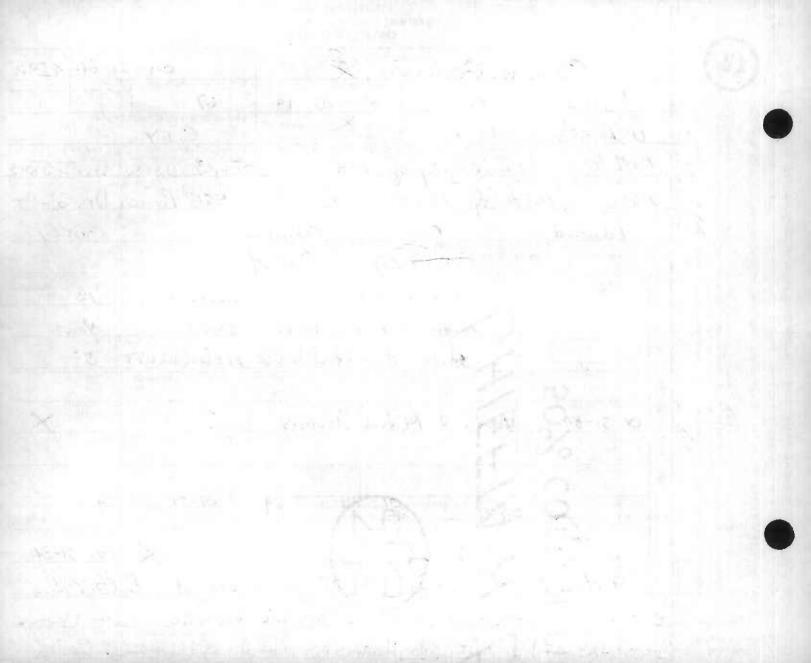
Californial Elia callione \_ \_ sutal floration on a real print. I want the son The state of the s san table and both sall t selection of the sele mater. If The team of the case of the case, and the case Commence of the commence of th

12	١,	FOR		STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENS									
1	T = STATE REGISTRAR			MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.							133	1	
( B)		CEASED NAME PE OR PRINT)		MIDDLE LAST 20. DATE KNOWN MONTH OF ESTI-						MONTH 1-24-	OAY YEAR	26 HOUR	
S S S S S S S S S S S S S S S S S S S	3. SE	X I	JAC 1. RACE	CE IS DATE OF BIRTH IS AGE (IN YEARS IF UNDER 1 YR. IF LINDER 24 HRS. 20 DATE MO							DAY YEAR	2d. HOUR	
DIRECT PARTY OF STATE		Female	White	4 13	1952 31 y	RS,		MIN, PRONOUN DEAD	ICED	1-24-	-8419	5:05E	
NECESSA FUNERAL 5 FOR Y WITHIN	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)  New York			U. S. A.  8. MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF COU							OF DEATH	MD	
AAGE PRIED	В	altimore		11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT IN SUCH ACILITY GIVE STREET ADDRESS)  Prart Street (Harbor)  1720. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) FOR MOST OF WORKING LIFE HOUSE WIFE						F WORK 121	or indust Domest	TRY	
21201 ANY DEL AND 3 TO RETAIN PHOULD BE RECORDS	13a S	AL RESIDENCE (IF IN NURSING) ONE OR OTHER INSTITUTION, OF TATE  TATE  TAL DOT  TAL DOT		13c. CITY OR TOWN  Easton		13d INSIDE (ITY LIMITS?   13e. STREET ADDRESS 713		ss 713 Lo	21601 3 Lomax Street				
BALTIMORE, MD. 21201 RS AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND: VITH FORM PM 3. SENDEL AND 25-HOULD DIPPSION OF WITM (PECO)		ATHER'S NAME		WIDDIE	LACY		15. MOTHER'S MAIDEN NAME			LAST			
		Jack			Weishaar		June	M	WIDDLE			Carter	
		ES, NO, OR UNKNOV	EVER IN U.S. AR/	MED FORCES? WAR OR DATES)	16b. SOCIAL SECURITY NO.						Box 832		
JRS AF JRS AF WITH I. PAG DIPPS		No		ly one couse per line	117-42-3	663	John E. C	irrincion	e E	astor	APPROXIMA BETWEEN ONS		
E: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUSE. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUSE. WRITING THE WORD" FENDING" IN PENCIL IN ITEM 18. RAMERDED TO THE CHIEF MEDICAL EXAMINER ALONG W. IS PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D. 9, 21201 PRIOR TOBURIAL, CREMATION, OR REMOVAL.		PART I DEATH WAS CAUSED BY:    MMEDIATE CAUSE (o)   Drowning											
	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED?									20 AUTOPSY	Y?	
	] E	718 EXTERNAL CAUSE WAS DESTINABLY IN THEM 18 PART I OR PART UNDERLYING TOR									YES 🗌	NOXX	
	MEDICAL CE		XOR IG CAUSE OF D		1 21 891		iect found				)		
	MED	WHILE AT WORK		A PAGE OF STREET, FACTOR hart	OF INJURY (AT HOME, ORY, FARM, ETC.)		E. Pratt				Maryla	nd STATE	
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: A FAFER DEATH, WITH THE SI BAITWORE, MARYLAND.		270 Lectrify that Leads charge of the remains described above, held an Autopsy , Inspection X Inquiry , and in my opinion death resulted from: Natural causes , Acident , Suicide X Homicide , Undetermined manner ,  ACTUAL SIGNATURE DATE 1-25-84  SIGNATURE											
O MEDI XECUTE A SE 4 1 O FUNE FIER DE ALTHRE	00.0	EXAMINER'S N (TYPE OR PRIN	17	nis F. Sm			ADDRESS	Penn Stre	et				
BP	(:	Cremati		1-25-84	23c. NAME OF CE/ Securit		cess.Inc.	23d LOCATION CITY OR TOWN Catonsv	ille,Ba	ltim(	ore, M	LATE C.	
DHMH - 17 (VR A15 ME (5)) 20M 4/82		NAME	Funeral	Service	Reisterst	own,M	Id. JAN	2 6 1984	John	CAR'S SIGN	Cohie	4	

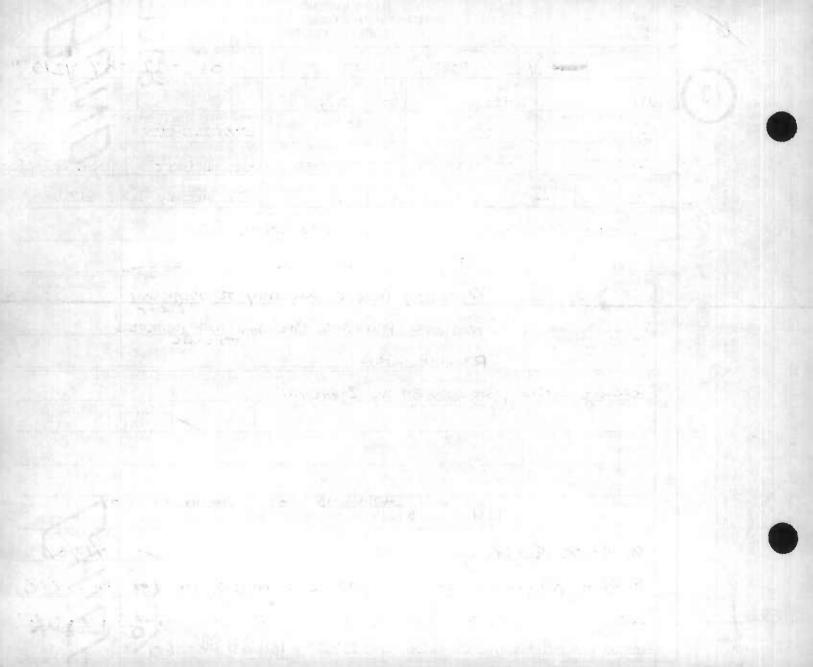
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2	l 1 -	FOR STATE		DEPART		EALTH AND MENTAL HYG	SIENE				
( R )	Ĺ	REGISTRAR				ICATE OF DEATH		G. NO.			
/ F /		CEASED NAME	FIRST	MIDDLE	,	AST	20. DATE OF DEA	TH MONTH DA	AY YEAR 2	b. HOUR	
			irles	Hiram	C14	v-K		1-20-	84	7:25AM	
0 0 0	3. SE		4. RACE		5. DATE C	F BIRTH	6. AGE (HYEARS)			FUNDER 24 HRS	
7 55	1	male	Cau	CGS: Ga	6	- OV D-	95	YRS.			
6 01 82		RTHPLACE (STATE OF FO	DREIGN 76 CITIZEN C	F WHAT COUNTRY	? .8	NEVER MARRIED	9. BALTIMORE	ITY OR COUNTY	OF DEATH		
1 11 10	1	mi	US	14	WIDOWE		1 Ba17	imore	C:7	L MD.	
1 11 27	10 C	TY OR TOWN OF DEAT		OF HOSPITAL, NURSI		R OTHER INSTITUTION	120. USUAL OCC	UPATION MOST OF WORKING LIFE)	17b. KIND OF	BUSINESS OR	
5 1 19	1	3 Itimor	8 / Sou	-1 11 11.		General	MACH		US GOV	<i>''</i> 7.	
2 2 2 27	USU		NG HOME OR OTHER INSTITUTI	ON, GIVE RESIDENCE BEFOR	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADD			21225	
2 2 11 10	130.	10	Inne Anunde	4-0.	MORE	YEXCEC NO K	42/	(+:11esp	Vie 57		
1 1 1	14. FA	THER'S NAME		1000		15 MOTHER'S MAIDEN NA					
4 11/12	1	Unknown	WIDDLE	C/G 1-	K	Unknow	n.	DDLE	LAST		
# 1 1 1 7		VAS DECEASED EVER I	N U.S. ARMED FORCES		URITY NO.	17 INFORMANT		ADDRESS			
W 10 10	1	res, no or unknown)	(IF YES, GIVE WAR OR DATES	219-32	-2403	(lifford Jo	ndan.	Same as	#13		
5 1 10	-		(Enter only one course)			<u> </u>				TE INTERVAL SET AND DEATH	
Me de la maria		PART I. DEATH WAS CAUSED BY:									
N ST		S860  Due to, OR AS A CONSCOUENCE OF Conditions, if any, which (b) SPURE ASPIRATION PNEUMOWIA CONGESTIVE									
OT A STATE OF THE											
A 1000 to 1000		gave rise to imm	ediate			Kittioio	,	head fach			
3 5 455	1	cause (a), stating underlying cause	last.	RENA!	Pail	100					
20 H		PART 2 OTHER SIGN	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
DS, sign dairy to by the by th	8		E FECAL IN		chole		THE DIOLEGE OF				
be b	₫.	190. DATE OF OPERAT		NDITION FOR WHICH			200 AUTOPSY		WERE FINDING		
	CERTIFICATION						YES THE NO		ING CAUSES O	F DEATH?	
VITAL R. N. The Hysician. Is shows	1 2	21g. ACCIDENT WAS UND	ERLYING   216. TIM	E OF INJURY		21c. HOW INJURY OCCUR					
		OR CONTRIBUTING C	AUSE OF DEATH		DAY YEAR						
NYS ding	MEDICAL	(IF EITHER, NOTIFY MEDIC 21d INJURY OCCURR		P.M. CE OF INJURY	19	211 LOCATION		-			
/ISIG	A	WHILE NOT WHI	LE AT HOME	STREET, FACTORY, OFFICE	FARM, ETC }	STREET	CII	Y OR TOWN	COUNTY	STATE	
DIVISI ENDING P of or other OR: After th r use as the Health and		AT WOR		the deceased from	/	10 19.84	to t	-20_1	0 F 4 th	at the walket	
TTEN TOR: TOR: for us of He 21 is 1		220. I certify that (I) (this haspital) attended the deceased from 1-0, 19, 84, to 1-20, 19, 64, that (I) (we) ast saw the deceased alive on 1-20, 19, 64, and that in (my) (aur) opinion death accurred an the date and have and from the causes stated above, (I) (we) (did) (did not) view the body after death.									
		22b. SIGNATURE	d)Xdid nat) view the bo	idy after death.		DEGREE			22c DATE SI	GNED	
		DI	Diale	n. 0C 10	1	ATTENDING	MEDICAL	STAFF	1-20	84	
O HOSPITAL efained by the FOUREAL should be det with the State MPORTANT.	-	22d PHÝSICIAN'S NA	ME (TYPE OR PRINT)	was , w	1.11.	PHYSICIAN [	DIRECTOR F	HYSICIANDA	11000		
HOSPITA		D. 0	A 0 .			300/S.	Hend	10.			
TO HOSPITAL (retained by the TO FUNERAL Is should be detained with the State [MMPORTANT: #	72-	SURIAL, CREMATION,	REMOVAL 1236 DATE	199.	NAME OF C	EMETERY OR CREMATORY	1234 LOCATIO				
0.0		SPECIFY) Burial		1			FITY OR TO	DWN A	COUNTY	STATE	
67	74 F	JNERAL DIRECTOR	1/23		MJ	ven Mem. Pk.,		STRAR 256 REGISTR	AR'S SIGNATUR	//d.	
DHMH - 16 50M 4/82 (VRA 15, 4)	1	NAME , T	enal Homes	Balto DORESS	Dat.	apsco Ave., Ji	AN 2510	84 56	0/	2	
(AKW 12' 4)	11	dully tun	eruc nomes	6)/ ( . /3	mh "		- 10	- 11-	- Chille A	PALLE	

THOUGH. weed at 1971 to large two its, the large is to be the large to the large than the is appropriate somes and and and

8	1 -	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		0 8 4 9
de d	{ TYPE	CEASED NAME FIRST CIPUS	SOK, GENEVI	EVE S DATE OF BIRTH	20. DATE OF DEATH MONTH  6. AGE (IN YEARS LAST BIRTHDAY)	BI-ST 2b. HOUR  BI-ST 450-PM  IF UNDER 1 YEAR IF UNDER 24 HRS
Poge 4 mi	3 SE	FEMALE	WHITE	MONTH DAY YEA		MONTHS DAYS HOURS MIN.
n 720 h		COUNTRY ATTACON FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIE WIDOWED DIVORCE	o D CITY	MD.
by the fur	11	TY OR TOWN OF DEATH	LIFNOT INSUCH FACILITY GIVE STREET	of Md	120. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING  OFF	LIFE) 126. KIND OF BUSINESS OR INDUSTRY
AND 21:	13a. S	Titel. 136 Ba	OTHER INSTITUTION GIVE RESIDENCE BEFORE  NT 13c. CITY OR TOX	YES NO	5613 /10 mg	or Dr. 21214
marylan ted within ompletely f Lond 2 sho		Eduard	MIDDLE FOSS		onice MIDDLE	Cassiby
ote be execut of be execut ysicion and co yol.		VAS DECEASED EVER IN U.S. AR	MED FORCES? WAR OR DATES)  215-07	-2558 Ch	address	. /
ST., as phy on poemo even		PART I. DEATH WAS CAUSE	ily one couse per line to (10), (b), on D BY: IE CAUSE (0)	ricular Hea	est Failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
o) W. PRESTON ST that the death certi- d by the ottending F lease remove carbon tol, cremotion, or rem		424/ Conditions, il ony, which	DUE TO, OR AS A CONSEQUI	Frital Vale	e Disouse	Years
201 W, PR es that the ned by the please rem oriol, cremo		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	Encros Mitral Ve	Die Replacement	\$ 3:
× 5000 ×	TION				E TERMINAL DISEASE OR CONDITION G	
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir offending physicion.  After this certificate has been signs the buriol-tronsit permit. They as the buriol-tronsit permit. They then and Mental Hygiene prior to be or fem. Il shows any injury orked or fem. Il shows any injury.	CERTIFICATION	01 - 31-84	Acrtic & M	operation was performed lifed Stehos is	YES NO NO	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH! YES \( \text{ NO } \)
VISION OF VITAL R. G. PHYSKIAN: The le offending physicion. er this certificate hos the buriol-transit per and Mental Hygiene ked or figm. 18 shows		210. ACCIDENT WAS UNDERLYING	HOUR A.M. MONTH D.	AY YEAR  19	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	3 PART I OR PART 2}
DIVISION DING PHYS or oftendir After this to e os the bu oith and M morked or	MEDICAL	21d. INJURY OCCURRED  WHILE ON WHILE OF AT WORK	218. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	PARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDI pitol or TOR: A for use of Heal		sow the deceased the on	tol) attended the deceased from 19	01 - 29 , 19 , ond that in (my) (our) o	pinion death occurred on the date and he	, 19 , that (I) (we) lost our and from the couses stated
Che Che		22b. SIGNATUIT	en LD	DEGREE ATTEND PHYSIC	ING MEDICAL STAFF	224. DATE SIGNED
TO HOSPITAL ( retoined by the TO FUNERAL I should be deto with the Store I IMPORTANT: If		Steplen L	encola M.D	. 27e ADDRESS	Greene St , 1	Balto. Al
BP	0	URIAL, CREMATION, REMOVAL SPECIFYL URIAL	236. DATE   23, 1 F 2B 4 1984 M	WAS LAND PERP	TORY 23d LOCATION  CITYORTOWN  ARX PARKY DE	BOLTO- MARY AND
OHMH - 16 50M 4/82 (VRA 15, 4)	24. FI	INERAL DIRECTOR  NAME  HAPILOF	EmorEs 8800	HARFORD RO-	FEB 6 1984	STRAR'S SIGNATURE



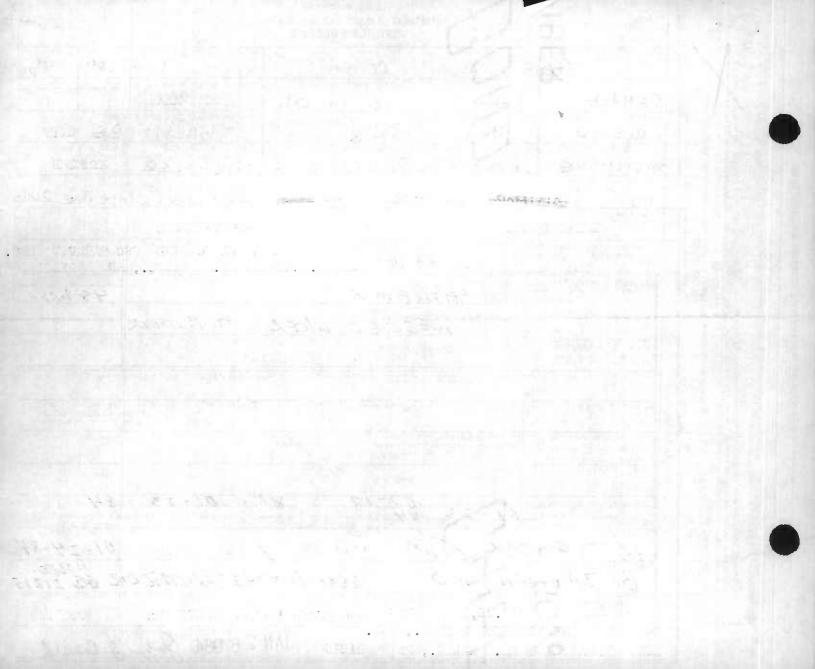
16	1.	FOR STATE REGISTRAR		DEPARTN	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	0 0	3	5 0
m.5		CEASED NAME FIRST	6	WIDDLE		AST	20. DATE OF DEATH	MONTH DAY	49 4	HOUR
, p		jemes	JAMES	O'CONNOR		ADY	01 -	17 -8		LOM
ow Man	3. SE	X	4. RACE		5. DATE C	DAY WEAD	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UND		UNDER 24 HRS
0 10	4	1ALE	White		Octo	ber 7, 1917	66	YRS.		
eoth. Po		IRTHPLACE (STATE OR FOREIGN COUNTRY)  aryland		SA	MARRIE WIDOWE	DENORCED DIVORCED	9. BALTIMORE CITY OF BALTIMORE		EATH	MD.
by the fo	4	BALTIMORE	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	HOSPITAL	120 USUAL OCCUPATION OF PORT Engine	WORKING LIFE) IN	DUSTRY	Shippin
filled in could be in	130.	AL RESIDENCE (IF NURSING HOME OF STATE 138 COL		130. CITY OR TOW Baltimo	N	13d INSIDE CITY LIMITS? YES X NO []	301 Tusca	zip code ny Road	1 212	10
maker in the water of the cond 2 st		ATHER'S NAME Charles Pear					art Kenly		LAST	
ond coges			RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE			
ficate be e papers. Po papers. Po navol.		NO  18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		213 16 0		Gloria Coady	S	ame	AUDIDIO VIA A	TE INTERVAL SET AND DEATH
NG PHYSICIAN. The law requires that the death certificate be executed within 2 attending physicion.  The physicion and completely fill the not be been completely fill as the burget remove corbon papers. Pages if and 2 shows the not writed the permit the please remove corbon papers. Pages if and 2 shows the not writed the permit physicion or removol.	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT POSSIBLE SIGNIFICANT 190 DATE OF OPERATION	DUE TO, CONDITIONS C	ASTMOINTES:	PAN ENCE OF SEPS) DEATH BUT		TO LIVER		RE FINDING:	
The Cion.	E						YES NO	YES 🗌		NO 🗆
G PHYSICIAN: Thending physics the bund in the bund in the bund in the ked	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 218. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	EATH HOUR A ER) P		19	211. LOCATION STREET	CITY OR TOY		OUNTY	STATE
HOSPITAL OR ATTENDI ined by the hospital or FUNERAL DIRECTOR: A uld be detached for use of the State Dept. of Heal		22e. I certify that (I) (this has, sow the deceased alive cabove, (I) (we) (did) (did r 22b. SIGNATURE  M. Keth  22d. PHYSICIAN'S NAME (TYPE	in1	y after death	54.00	DEGREE  ATTENDING PHYSICIAN [ 22e ADDRESS  ACO   F   UNI	MEDICAL STAF DIRECTOR PHYSIC	ate and hour and	from the cou	
Op Or S	23a.	BURIAL, CREMATION, REMOVA			NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		Ç.	
BP		Burial	1/20/			d Memorial Par	rk Parkvill	e Balto	o, Co.	Ma
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR				25a. DAT	E REC'D. BY REGISTRAR	256 REGISTRAR'S	Skinkok	and the
(MPA 15 4)		Burgee Fimeral	Home.	3631 Fatt	s Road	1 21211 IAN	; 201984	0		

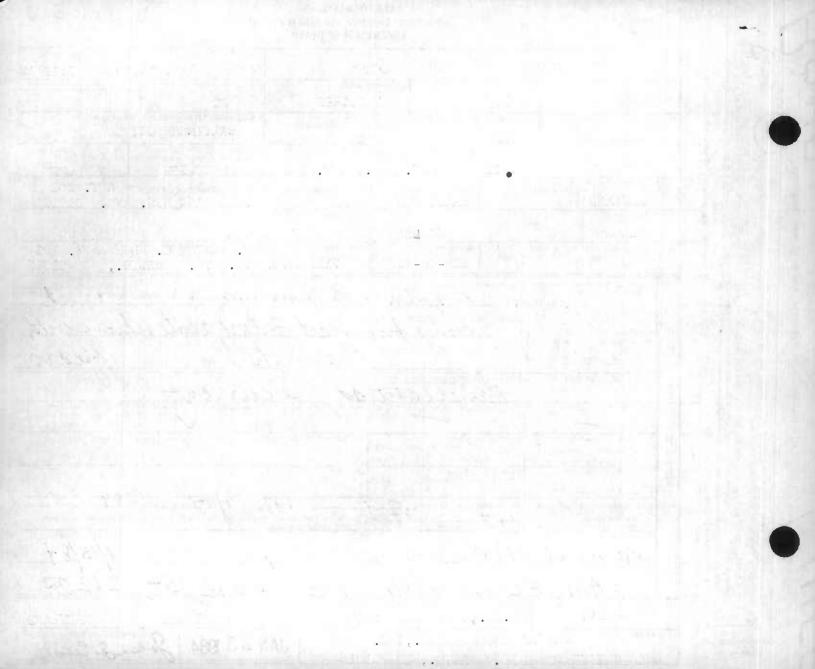


1/1				STATE OF MAKILAND	ė·3	13 14 3 1º
1	1-	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE O	0 0 0 0
	1. DF	REGISTRAR CEASED NAME PRST   P	M/DD1E	LASI	REG. NO.  20. DATE OF DEATH MONTH	/DAY ARM TO HOL
poge 3 er death		OR PRINT) SO 6		Cohh	1	10/24 7
ofter de	3. SE	'n 1	RACT	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
Ars of		male	while	6 16 29	54	RS.
72 ha		COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH
\$ 77		Klahoma	U.S.A.	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	THE NO OF BUSIN
2/1		Baltimore	(IF NOT IN SUCH TACILITY, GIVE STRE	Ra Plane Genico	Guard - U	ING LIFE) INDUSTRY
276	ÜSU.	AL RESIDENCE (IF NURSING HOME OR OTH	FER INSTITUTION, GIVE RESIDENCE BEFI	ORE ADMISSION)	7	27
100	130	MO	Boil	U MERSO NO [		EJacks
AN.	14. FA	ATHER'S NAME FIRST MIDI	DIE LAST	15. MOTHER'S MAIDEN N	MIDDLE	LAST
	16- 1	VAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SE	Wamie Wanie	Pearl	Doss
medic		YES, NO ORUNKNOWN) (IF YES, GIVE W.			obb 802 Jack	
- å		18. CAUSE OF DEATH (Enter only o		7)00[Juaiii ta U	1 COL Jack	APPROXIMATE INTE
movo vent,		PART I. DEATH WAS CAUSED B	Y: 7 1 10 10 10 10 10 10 10 10 10 10 10 10 1	Minca	solial Into	MI WEEN CHOSE I AND
9 9		4100 IMMEDIATE	DUE TO, OR AS A CONSEG	HENCE OF M		
non,		Canditians, if any, which	(b)	45 CV		
er tr		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	UENCE OF		
or of		underlying cause last	(c)			
no bur	Z	PART 2 OTHER SIGNIFICANT COM	ADITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 11a
ony in	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHI	TH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USE
8/	I F				YES NO	ERTIFYING CAUSES OF DEA
20		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21t. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)
Hea	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211. LOCATION		
ed ar	MEG	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFIC		CITY OR TOWN	COUNTY
A COL		220   certify that (1) (this haspital)	Itended the deceased from		, to	
21 is		saw the deceased alive an above, (I) (we) (did) (did no	the body after death.	, and that in (my) (aur) opinia		
Hem Hem		27b. SK JUNETURE	10	DEGREE		22c. DATE SIGNED
T. If		700/	xuul	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/11/1
with the State		22d. PHYSICIAN'S NAME ( SHER	INT)	22e ADDRESS	410000	- 5
W th		W. KIME	NO.	3001 =	TIMNOVEX	51. 87
		BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial	1 1	NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY
	24 F	UNERAL DIRECTOR Balto		edar Hill Cemet	ery Brookly	
M 4/83 4)		eorge J. Gonce	. ADDRES!	2122)	AN 1 7 1984	Jan & Cali
	H				100 1	

toppy sor podost 12 CHOZA HATTE WAS TO BE TO SEE THE SEE WKINE MIS SEL HONDYESS IT BACK 

1 - FOR REGIS	TRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 4	0 0	3 5 2
I DECEASED		MIDDLE XX.	COHEN		MONTH DAY YEAR 1 23 1984	26 HOUR SHOPM
3. SEX	MALE "	WH ITE	5. DATE OF BIRTH		XYRS MONTHS DAYS	HOURS MIN.
70. BIRTHPLA COUNTRY	SSIA	L CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	O BAL	TIMORE	CITY MD.
BAL	OWN OF DEATH	LEVINDALE HES	sicew GGICIATE	120. USUAL OCCUPATION OF YORK FOR MOST OF HOME HAIR	F WORKING LIFE) INDUSTRY	HOME
130. STATE	13b COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE  13c. CITY OR TOW  BALTI M	NA 1 134 INSIDE CITY LIMIT	2500 W.6	ZIP CODE Bel vedere A	ive 21215
14. FATHER'S	UNOBTAIN	ABLE LAST	FIRST	UNOBTATNAE	3LE	AST
160 WAS DE	CEASED EVER IN U.S. ARM R UNKNOWN) (IF YES, GIVE	WAR OR DATES) 166 SOCIAL SECU		EMANUEL GÖRFI DWOOD ST. BA	ÎNE 900 GAR	RETT BLDO
Concession or after troumption, or remotion, or construction of the construction of th	itions, if ony, which rise to immediate (o), stating the rlying couse lost	DUE TO, OR AS A CONSEQUE	ECTED WICE		TTOCK	& hRs.
TIPIC Dews	TE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	ZOO AUTOPSY?	206. IF YES, WERE FINDS IN CERTIFYING CAUSES YES [	INGS USED S OF DEATH? NO
E G OR CO	CIDENT WAS UNDERLYING THE NOTIFY MEDICAL EXAMINER	P.M.	AY YEAR	CURRED (ENTER NATURE OF INJUR	(Y IN 11EM 18 PART T OR PART 2)	
WHILL WON TA	JURY OCCURRED  NOT WHILE  AT WORK	21e. PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE, F	ARM, ETC   211. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
220 I 220 I 220 S 220 S	w the deceased olive on pove, (I) (we) (did) (did nat) GNATURE  WSKCIAN'S NAME (1996 OR	ol) ottended the deceased from (  10 1 - 2 2 19 2  view the body after death.  PRINT;  WIN, M.P.	DEGREE  ATTENDIN PHYSICIA  1720. ADDRESS	NG /MEDICAL STAF	ote and hour and from the	24-84 24-84
230. BURIAL (SPECHY)	CREMATION, REMOVAL BURIAL	JAN. 25, 1984 B	NAME OF CEMETERY OR CREMATO	DRY 23d LOCATION		MARYLÄÑD
4/83 NA	DIRECTOR SOL L	EVINSON & BROS. N RD. BALTO.,	, INC. MD 21215	AN 2 6 1984	John & G	TURE Chief

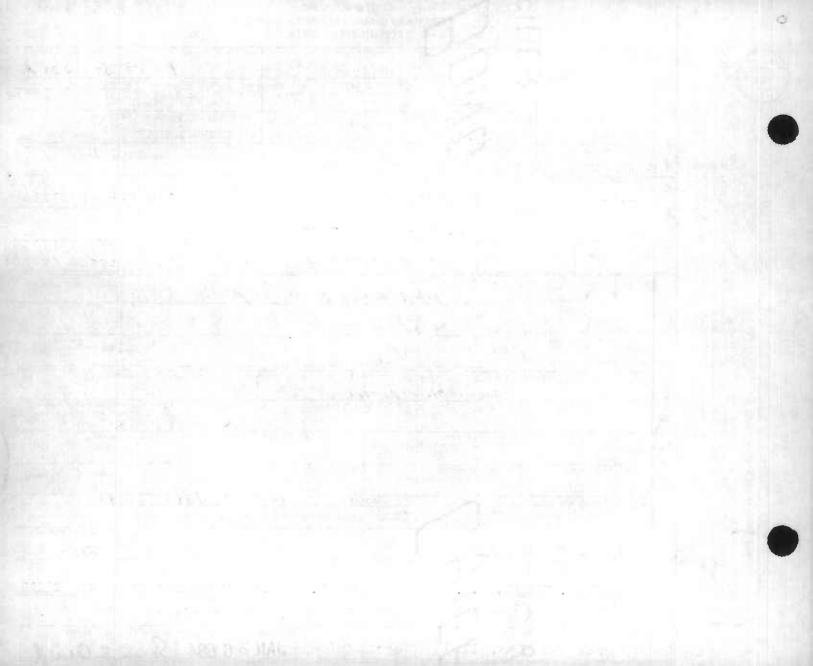




STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

155/5 980 1 1048 151/ 30 MARCHE -----Serve Sande ne journe and a second of the a syn yearbig of it is x or look. manda mil and 's 

	1-	FOR STATE		DEPARTM	LENT OF H		AENTAL HYG	IENE 8 4	C	) U	O O	5 Q
		REGISTRAR				CATE OF D	EATH		G. NO.			
£	1. DEC	CEASED NAME FIRST OR PRINT)	Α	AIDDLE	L	AST		2a. DATE OF DEAT	H MONTH			2b. HOUR
deot		JAMES	5	L.	COL	LINS	1200		1	03	84	2:25 AM
Her	3 SE	(	4 RACE		5 DATE O	F BIRTH	YEAR	6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UN		HOURS MIN.
17	/	Male	B1a	ck	2	8	06	7	7 <sub>YI</sub>	RS.		
SAL		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AA A PRIET	NEVERA	ARRIED T	9. BALTIMORE CI	TY OR COU	INTY OF E	DEATH	
		aryland	U.S	. A .	WIDOWE		ORCED	BALTIMO	RE CI	TY		MD.
24		TY OR TOWN OF DEATH BALTIMORE	[ IF NOT IN SUC	OSPITAL, NURSING HFACILITY, GIVE STREET A NION MEMO	ADDRESS)			12a USUAL OCCU			N. KIND OF NDUSTRY	BUSINESS OR
d d	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COL		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Baltim	N	13d. INSIDE C	ITY LIMITS?	13e STREET ADDRI 428 Wo	ess/zipc rsley	CODE St	reet	21218
No.		THER'S NAME FIRST	WIDDIE	Collins			MAIDEN NAM	ME	DIE		LAST	1
8	16a V	AS DECEASED EVER IN U.S. A		16h SOCIAL SECU	RITY NO.	17 INFORMA		A	DDREBro	ook1	yn, N	11316
medico	(,	es no or unknown)   I if yes, G	IVE WAR OR DATES)	188-10-	2537	Eliza	beth	Collins				
or to burial, cremation, y injury, ar other troum.	TION	Canditions, il any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OF	HIL BYEIN	NCE OF H absorbeath BUT dam	NOT RELATED					N PART IIa	26./1050
ows on	CERTIFICATION	190 DATE OF OPERATION	IVB. CONDI	TION FOR WHICH	OPERATIO	NIWAS PERFO	KWED	20a AUTOPSY? YES № NO	INC		CAUSES C	
ond Mental Hygie ked or Item 18 sho	MEDIÇAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED  WHILE NOT WHILE	EATH HOUR A.I	M. MONTH DA	19	211 LOCATION STREET		RED (ENTER NATURE OF	OR TOWN		COUNTY	STATE
marked		WHILE AT WORK NOT WHILE AT WORK  22a 1 certify that (I) (this has saw the deceased alive a abave, (I) (we) (did) (did not be a compared to the	1		54 , an		. 19 <b>5</b> Y (our) opinian	, ta, death accurred an t	<b>3</b> he date and			
the State Dept of Hi RTANT: If Hem 21 is		276. SIGNATURE  WWW.M.  276. PHYSICIAN'S NAME (TYPE	Housen					MEDICAL DIRECTOR PH	STAFF IYSICIAN [2	8	1/23/8	> 4
with the State Dept of Hi IMPORTANT: If Hem 21 is		226 SIGNATURE David M.	organia OUSEM. M			22e. ADDRES	PHYSICIAN [ S UNIVE		RKWAY		1 1	21218



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				in the set
		1321 151	'ouv.'	Belitinate
117 Feeder Francis 21 2:	2.	5.0038	Build and Style area, steek all to the	bed only
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1235 . v. 1200 . v. 1237	. <b>.</b>	07/	Which divide them them them them to be	Me In Marine
		and the same	The same Apple	المانية
				16 7 b Well

-8	1	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 4	0 (	3 5 8
ay be age 3 death		CEASED NAME FIRST	therine MIDD	* Agusta	onnor	20. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR GIOR
ctor, po	3. SE.	Female	White	S. DATE C		6 AGE (IN YEARS LAST BIR	YRS.	NDER I YEAR IF UNDER 24 HRS HS DAYS HOURS MIN
deoth. P.	1	RTHPLACE (STATE OR FOREIGN OUNTRY)	U.S.A.	MARRIE		9. BALTIMORE CITY O Baltimon	_	
by the tiled with	/	TY OR TOWN OF DEATH Baltimore	Baltun	PITAL, NURSING HOME COLLITY, GIVE TREET HODRESS		TYPE OF WORK FOR MOST O	ON F WORKING LIFE)	26. KIND OF BUSINESS O NDVSTRY, AZ HOME
	130.	AL RESIDENCE (IF NURSING HOME O TATE 13b. COUI	NTY 13	CITY OR TOWN	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌		l Stree	£ 21224
(間)%		Joseph		Brown.	15. MOTHER'S MAIDEN NAM	WIDDLE		Britt
Poges Poges		VAS DECEASED EVER IN U.S. AF	RMED FORCES?	SOCIAL SECURITY NO.	Edward G. Co	nnon Sr. 13		al St. 21224
requires that the dealers signed by the atterness or taburial, cremation y injury, or ather troum	TION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	CONDITIONS CONT	rn	M 11 M NOT RELATED TO THE TERM	INAL DISEASE OR CONI		
The law ician.  The has be sait permit grene pringshows an	CERTIFICATION	190 DATE OF OPERATION		N FOR WHICH OPERATIO		20e AUTOPSY?	IN CERTIFYIN	-
PHYSKCIAN: the certification of the buriel-transpand Mental Hybrid ed or them 18	MEDICAL CE	21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED  WHILE ONT WHILE AT WORK	HOUR A.M. P.M.  21e. PLACE OF I	MONTH DAY YEAR	211. LOCATION STREET	ED (ENTER NATURE OF INJUR		OR PART ?)  COUNTY STATE
OR ATTENDING e hospital or o DIRECTOR: Afte orbed far use as Dept. of Health f frem 21 is mark		22a.1 certify that (1) (this hasp saw the deceased alive or above, (1) (we) (did) (did no 22b. SIGNATURE		r death 19 2 in , ar	id that in (my) (our) opinion o		17	d from the causes stated
FUNERAL WIND BY THE FUNERAL WIND BE detected by the State PORTANT: It		Shit W 122d PHYSICIAN'S NAME (17PE Steven J. K	. )		ATTENDING PHYSICIAN [	MEDICAL STAF	FIAND	1-17-84
BP	23a 8	URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE		EMETERY OR CREMATORY Heart (em.	23d. LOCATION CITY OF JOWN Dundalk	. Balte	unity State
DHMH - 16 50M 4/82 (VRA 15, 4)		NERAL DIRECTOR			250 DAJE		25b. REGISTRAR	S SIGNATURE

1, × 4 Classic Section (19) in the second The second secon . M. (e) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( ) . ( the sail . Leider it for you self down on

ALC: U		EASED NAME OR PRINT)	2-84 rj		MIDDLE		Qd	onnor	20	DATE KNOWN	-	DAY YEAR	2b. HOUR
REET	3. SEX		KE I	TH Is. date of birth		Eric		DER 1 YR. IIF UNDER	R 24 HRS. 2c	DEATH MATED	MONTH	4-84 <sub>19</sub>	M 2d. HOUR
4		ale	Black		159	24 YI	MONTH	S DAYS HOURS		DEAD	1-2	4-8419	11:50
33	To BIF	THPLACE (ST BEIGN COUNTRY) arylai	ate or	76 CITIZEN OF WE	S.A.		8. MARRIE	ED NEVER MARK	RIED L	Baltimore Cit	_		115
1	10. CI1	Y OR TOWN	OF DEATH	11. NAME OF HOS	PITAL, NU	RSING HOME			12a. USUA	LOCCUPATION IST OF WORKING LIFE) PAPUT 1	(TYPE OF WORK	126. KIND OF BU	SINESS Yrd-
)	13a S1		13b. COU	E OR OTHER INSTITUTION, GIV NTY	13t. CITY	OR TOWN		13d. INSIDE CITY LIMITS? YES NO	130 STREE	TADDRESS 1 N. MC	nroe	Street	tal
	A	rling	ton	MIDDLE	Phi	llips		15. MOTHER'S MAID Christi			onnor	Conne	£
1		AS DECEASEI S. NO. OR UNKNO		RMED FORCES? VE WAR OR DATES)	16b. SOC 215	78 3	997	Christir	ne C.	Stuart		St. 2. N. Mo	nroe
		18 CAUSE O PART I DE		only one cause per line ED BY: ATE CAUSE (a). GU			10 +0	ahdomen	and ch	nest		APPROXIMATE BETWEEN ONSE	INTERVAL I AND DEATH
OR REMOVA		gave ris	is, if any, whice to immedia stating the under	be DUE TO, OR	AS A CON	ISEQUENCE	OF						
		lying cau	se last.	(c)		ISEQUENCE (							
4		PARI 2 UTHER SE	MIFICANT CONDITION	IS CONTRIBUTING TO DEATH	BUT NOT KELA	TED TO THE TERM	INAL DISEASE	OR CONDITION GIVEN IN P.					
.	NO								AKI I U		4		
+	FICATION	19a. DATE OF	OPERATION	19b. CONDIT	TION FOR	WHICH ÖPER		AS PERFORMED?	aki i d		4	20. AUTOPSY	
	CAL CERTIFICATION	210. EXTERNA	OPERATION  L CAUSE WAS  OR  G CAUSE O	21b. TIME OF	INJURY		ation w	ow INJURY OCCURR Dject shot	ED (ENTER NA	TURE OF INJURY IN ITE	M 18 PART 1 OR PA	YES X	NO []
13	MEDICAL CERTIFICATION	210. EXTERNA	L CAUSE WAS OR OG CAUSE O	216 TIME OF HOUR AM 11:44 M	MONTH	-24-84°	21c HC	OW INJURY OCCURR	ED (ENTERNA			YES X	
		210. EXTERNA UNDERLYING CONTRIBUTII 71d. INJURY C WHILE AT WORK	CAUSE WAS OR OF CAUSE	F DEATH 11:4 PM	MONTH MONTH OF INJURY	-24-84 (AT HOME.	21c HC	ow INJURY OCCURR oject shot zation - 000 Eutaw	Place			YES X	№ □
ARYLAND, 21201 PRIČK		21a. EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY C WHILE AT WORK	CAUSE WAS OR OF CAUSE	F DEATH 11:4 PM  11:4 PM  21b. TIME OF HOUR A ME  21c. PLACE STREET FAST  STREET FAST  rge of the remains des	MONTH MONTH OF INJURY	-24-84 (AT HOME.	21f. HO Sub 21f. LOG 20	DE INJURY OCCURRO DIECT SHOT  PATION	Place	Inquiry .	ore, M	YES Q	NO STATE
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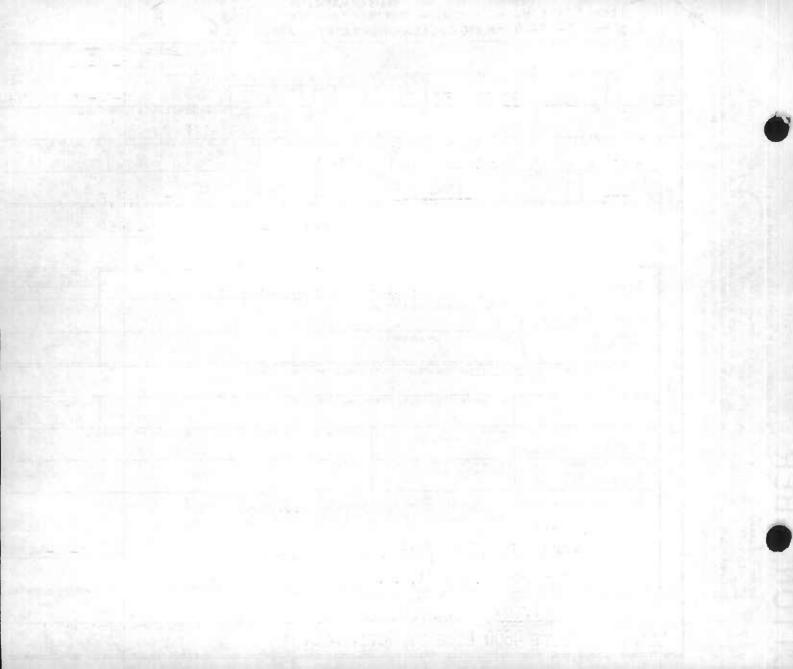
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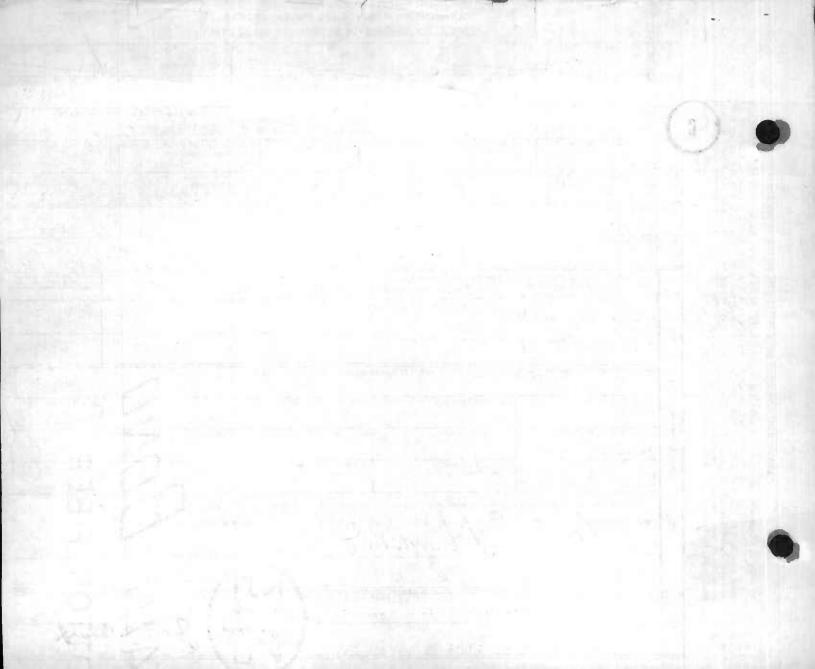
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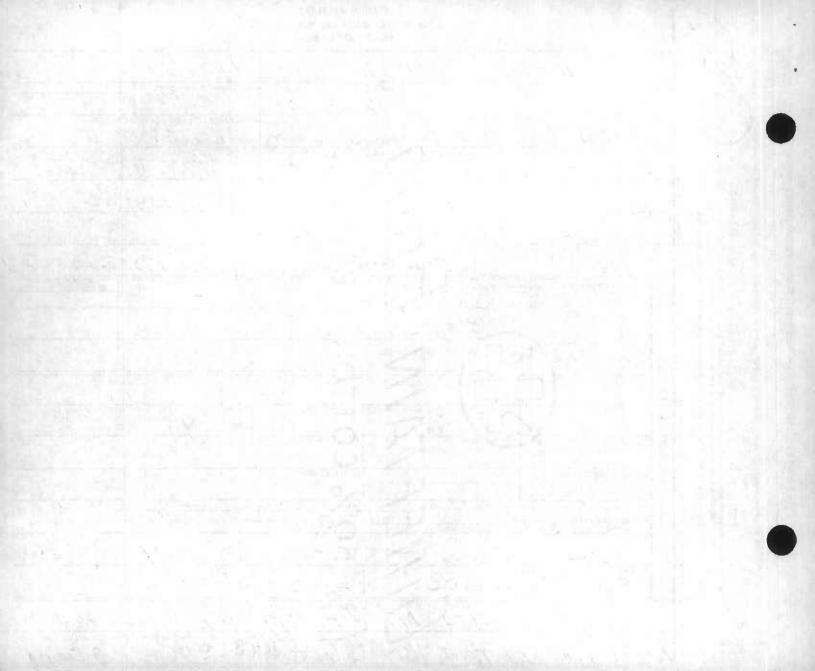
6		FOR Item 13a thr	u e DEPARTA		MARYLAND H AND MENTAL H	TYGIENE AL	0 0 3 6	3
1		STATE Phone 1-23-8				OF DEATH REG.	NO.	0
	I. DE	CEASED NAME FIRST	MIDDLE		LAST	20 DATE KNOWN OF ESTI-		2b. HOUR
NECESSARY, PLEASE UNIERA DIRECTOR. S FOR YOUR FILES. WITHIN 72 HOURS R PERSTON STREET,	3 SEX	IA RACE JUAN ST	ATE OF BIRTH	AGE COOPE	NDER 1 YR. TIF UNDER	DEATH MATED	1-14-849	M 24 HOPP
P. P		AA(	12 25 32	LAST BIRTHDAY) MON	THS DAYS HOURS	MIN. PRONOUNCED DEAD	1-14-849	2:40
AND THE PROPERTY OF	7a. B)	MALE BLACK RTHPLACE (STATE OR 7b. ( REIGH COUNTRY)	CITIZEN OF WHAT COUNT	TOYO In	RIED NEVER MARR	9 BALTIMORE CITY	OR COUNTY OF DEATH	1 2 0 10
NECESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNCESSA FUNC		MITH CAR.	USA	WIDO	WED DIVORG	Baltimore		MD.
2 まなまず	O CI		NAME OF HOSPITAL, NUR	REET ADDRESS)		120. USUAL OCCUPATION ( FOR MOST OF WORKING LIFE)	TYPE OF WORK 12b. KIND OF BU OR INDUST	RY
DEVEO -		Baltimore IL RESIDENCE (IF IN NURSING HOME OR OTH	Maryland Ger	ELONE ADMISSIONIS	1134. INSIDE CITY LIMITS?	13e STREET ADDRESS	00	000
A September 1	Ne	162.8	-LBSY	oriown York TO	YES NO	218 113 ST.	NYC 999	149
W ( ) W	V. FA	THER'S NAME FIRST MID	DDLE L	AST	PAUL I NE	EN NAME MIDDLE	COOPER	11 5
IMORE PARTE ON O		VAS DECEASED EVER IN U.S. ARMED		IAL SECURITY NO.	17. INFORMANT	ADDRE		
ANT PART PART PART PART PART PART PART PAR	[1	NO (IF YES, GIVE WAR O	OR DATES)		HARRIETI	McFADDEN 3	39 BLOOM ST	
ON ST., B. 24 HOURS ITEM 18. G ICNG WIT PERMIT. PERMIT. VALL.		18 CAUSE OF DEATH (Enter only on PART I DEATH WAS CAUSED BY:					APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
ESTON SI IN 24 HO IN ITEM I ALONG SIT PERMI HYGIENE, MOVAL.		4292 IMMEDIATE CA	AUSE (0) Artorios Due to, or as a cons	CLOPOTIC ( SEQUENCE OF	cardiovascu	Lar disease		
W. PRES' WITHIN MINER A INER A TRANSII VIAL HY		Conditions, if ony, which gave rise to immediate	(b)					
, 201 W. PRESTON ST., UTED WITHIN 24 HOUF 'IN PENCIL IN ITEM 18. EXAMINER ALONG W EXAMINER ALONG W EXAL TRANSIT PERMIT. ID MENTAL HYGENE, D ON, OR REMOVAL.		cause (o) stating the <u>under-</u> lying couse last	DUE TO, OR AS A CONS	SEQUENCE OF				
TAL RECORDS, 201 W. PRESTON ST., HOULD BE EXECUTED WITHIN 24 HOUR RD."PENDING" IN PENCIL IN ITEM 18. HIFF MEDICAL EXAMINER ALONG W USED AS A BURIAL- TRANSIT PERMIT. OF HEALTH AND MENTAL HYGENE, D RIAL, CREMATION, OR REMOVAL.		PART 2 DIHER SIGNIFICANT CONDITIONS CONTR	( (c) RIBUTING TO DEATH BUT NOT RELAT	EO TO THE TERMINAL DISEA	ASE OR CONDITION GIVEN IN PA	NRT 1 (a),		
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECT RITING THE WORD "PENDING" ROED TO THE CHIEF MEDICAL 25 3 SHOULD BE USED AS A BUING THE PREPARAMENT OF HAALTH AND TO PRIÇAR TO BURIALL, CREMATIC	NOL	IN DAYS OF ORCHANION						
VITAL RESHOULD OND "PE CHIEF A E USED."	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR V	VHICH OPERATION	WAS PERFORMED?		20 AUTOPSY	? NO 🕅
OF VITA  OF VITA  NE SHO  MENTOR  OF BEUS  OF VITA	CERT	210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c. H	HOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY IN ITEM		NO (A)
CRINCATE TING THE WISION OF THE WEB TO THE SED TO THE DEPARTMENT I PRIGRED I	MEDICAL	UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	H P.M.	19	054201			
DIVISION OF VITAL R EXAMINER: THIS CERTIFICATE SHOULE E CERTIFICATE, WRITING THE WORD "P ULD BE FORWARDED TO THE CHIEF ! L DIRECTOR: PAGE 3 SHOULD BE USED 1, WITH THE STATE DEPARTMENT OF HE MARYLAND, 21201 PRIGR TO BURIL	MED	21d. INJURY OCCURRED  WHILE NOT WHILE  AT WORK AT WORK	21e PLACE OF INJURY STREET, FACTORY, FARM, ETG		OCATION STREET	CITY OR TOWN	COUNTY	STATE
R: THIS VE, WR. PAGE SWARR R: PAGE E STATE D, 2120		228. I certify that I taak charge al	the remains described above	re, he)d an Auto	psy , Inspection	on XX, Inquiry	ond in my apinion	
MINE FEGO FEGO FEGO FEGO FEGO FEGO FEGO FEG		death resulted from: Natural co	162.0	. Suicide	, Homicide .	Undetermined manner	],	
CAL EXAMI THE CERTIF SHOULD DIREC FATH, WITH		ACTUAL ()	to May	6.00	TITLE (SPECIFY)		DATE 1-14-	-O /
MEDICAL ELECUTE THE COSE A SHOULD STERRAL PROPERTY. THE REAL PROPERTY. THE REGALFAL PROPE, MAIN THERE DEATH.		SIGNATURE //WWW.	a nav 2			MEDICAL EXAMINER	SIGNED 1714	-04
TO ME EXECUTE TO FULL	20		ita A. Korel		_ADDRESS	Penn Street		
aaaa aa bi G	23e B	BURIAL 1/	19/84 MA	VSVIIIE	OR CREMATORY  COMMUNITY	23d. LOCATION CITY OR TOWN	COUNTY S	TATE
9999 DHMH - 17	24 FI	JNERAL DIRECTOR	4600 RESLIBER		25a. DATE	RECD. BY REGISTRAR 736 RE	CISTRAR'S SIGNATURE AR	A
(VR A15 ME (5)) 20M 4/82		EROY O. DYETT	4000 LIBER	TY HGTS.	AVE JAN	1 1 1984	mich land	1



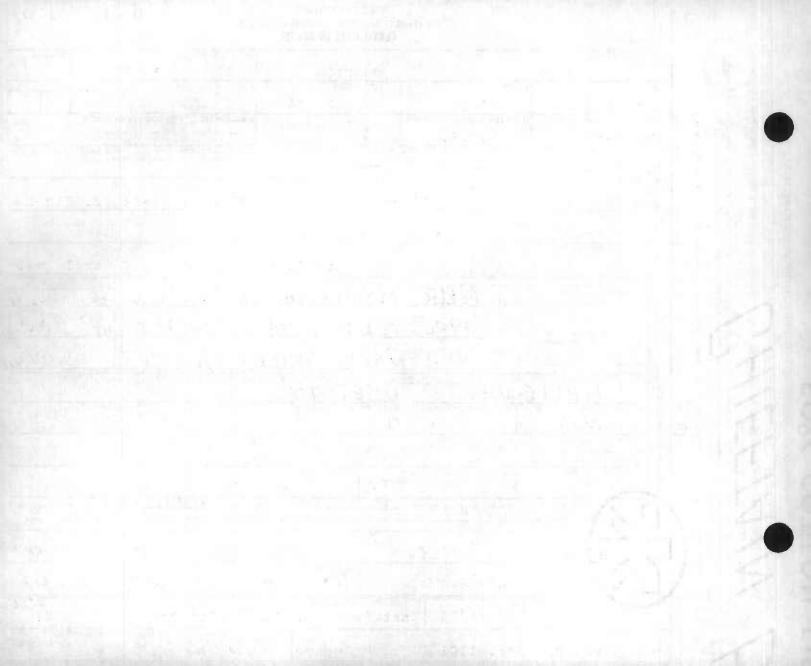
-	1	FOR STATE	16=22a 3/1			T OF HEALTH	ARYLAND AND MENTAL H ERTIFICATE O	EDEATH	0 3 6 4
		REGIST  1. DECEASED  (TYPE OR PRIN	NAME FIRST	7712	MIDDLE	WIIITER 3 C	LAST	REG. NO.	MONTH DAY YEAR 25 HOUR
	ELESS AND THE PARTY OF THE PART		Char		Α.		orbin	DEATH MATED	1-10 1984 M
	PP, PE	Male	A. RACE Black	S DATE OF BIRTH	YEAR LAS	GE (IN YEARS IF UN ST BIRTHDAY) MONTH		24 HRS. 2c. DATE PRONOUNCED DEAD	1-10 1984 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
-		OREIGN CO	CE (STATE OR UNTRY) y land	76. CITIZEN OF W		8 MARRI WIDOW	ED NEVER MARRII		COUNTY OF DEATH
"		CITY OR T	own of DEATH imore	11. NAME OF HOS	PITAL, NURSING			120. USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)	
21201	ANY DE AND 3 PETANN PET	ISUAL RESIDE	ENCE (IF IN NURSING HOME 136 COUI	OR OTHER INSTITUTION, G		ADMISSION)		13e. STREET ADDRESS 424 Edgewood	Street 21229
E. MD.	A SECOND	4. FATHER'S		WIDDLE	Share		15. MOTHER'S MAIDE	NAME	LAST
BALTIMORE,	L PAGE	160 WAS DE	CEASED EVER IN U.S. AF	RMED FORCES?	16b. SOCIALS		Anita	ADDRESS	Carter
1.2	HOURS A M 18. GIN MG WITH RMIT, PAC NE, DIVIS	18 CA	SUSE OF DEATH (Enter of RT I DEATH WAS CAUSE	D DV	far (a), (b), and		/	oates 1528 N.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201 W. PRESTON ST	UTED WITHIN 24 IN PENSIL IN ITE EXAMINER ALO FIAL TRANSIT PE D MENTAL HYGIR ON, OR REMOVI	90	anditions, if any, which over rise to immediations (a) stating the <u>under ing cause last.</u>	DUE TO, OR	AS A CONSEQU				
CORDS	BE EVEC NDING- NEDICAL NS A BUS NUTH AN DREMATI		OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISEASE	OR CONDITION GIVEN IN PAR	if 1 (a).	
ITAL R	SHOULD CHIEF A CHIEF A CHIEF A CHIEF A CHIEF A	19a. D/	ATE OF OPERATION	19b. CONDI	ION FOR WHIC	H OPERATION W	AS PERFORMED?		20 AUTOPSY?
DIVISION OF VITAL RECORDS	CHECKE THE CHOULD BE PARTMENT PIOR TO BLI	UNDE	TERNAL CAUSE WAS RLYING OR RIBUTING CAUSE OF	DEATH P.M	MONTH DAY	YEAR 19		TRAP BE MATH NI YAULNI PO SANTAM RATMA)	1 OR PART 2)
DIVIS	HIS CERT WRITIN WRITIN ARREDED ATE DEP	WHILE AT WO			OF INJURY (AT I FORY, FARM, ETC.)		CATION TREET	CITY OR TOWN	COUNTY STATE
	AL EXAMINER: 1 HE CERTIFICATE, HOULD BE FORW RAL DIRECTOR; P ATH. WITH THE ST EE, MARYLAND, 3		a Alexander	ge of the remains des	Accident .	A Mun	Hamicide ,	Undetermined manner .	DATE SIGNED 1-11-84
	NECUTE THE CALLED FOR	(TYPE (	SK FKINT)	nnis F. S			ADDRESS	lll Penn Street	
	BP 561 DHMH - 17	(SPECIFY)	REMATION, REMOVAL RIAL DIRECTOR	23b DATE 1/13/8		Memor:	ial Park  250. DATE R	Randallstown FCD-By REGISTR	COUNTY STATE Md.
	(VR A15 ME (5)) 20M 4/B2	Wm C	March F/H	Inc. 1	101 E N	orth A	venue		



1/	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE REG. NO	000	0 0
		CEASED NAME FIRST MA	Ry Cori	Vish	20. DATE OF DEATH	BUT DAY YEAR	2b. HOUR
Pector 4 moy	3. SE	ř -	A RACE NEGRO	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	2 YRS. MONTHS DATS	IF UNDER 24 HRS
		COUNTRY) Md,	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	DUX	E. City	MD.
by the filed with	1	BALLO'	1700 E STREET	afayene sir	120 USUAL OCCUPATION	WORKING YEE INDUSTRY	of BUSINESS OR
filled in Subsection	130.	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE  TY  13 (. OFF OR TOW	YES NO D	1700 51	LATATE	THEAN
ompletel Tond 2 s		UESIAL	MIDDLE STANKE	15. MOTHER'S MAIDEN I	S. WIDDLE	LAS	ST
te be execution and sers. Pages of the medical		NAS DECEASED EVER IN U.S. AR/ YES, NO OR UNINOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SECUL E WAR OR DATES) 2/5-01	RITYNO. 17 INFORMANT - 4444 DO LOR	ES KELSO	1700 E.L	AFAYOTO T
equires that the death certificate in signed by the ottending physic. Then please remove carbon paper to buriol, cremotion, or removal injury, or other traumotic event, the	NO	Canditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEOUI  (b) SCUERE  DUE TO, OR AS A CONSEOUI  (c) CONTRIBUTING TO	ence of hyper	heart fair	DITION GIVEN IN PART II	(a)
on. hos bee hos bee r permit. ene prior	CERTIFICATION	19a DATE OF OPERATION	19b, CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FINDING CAUSES YES	
HYSICIAN, ading physician	MEDICAL CER	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING ACAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER ON TWHILE NOT WHILE NOT WHILE		19 211 LOCATION	URRED (ENTER NATURE OF INJUR		STATE
ITAL OR ATTENDING P by the haspital or after the RRAL DIRECTOR: After the edetached for use as the State Dept. of Heolih and NAT: If them 21 is marked		AT WORK AT WORK	tal) ottended the deceosed from December 19 tiview the body ofter death.	DEGREE  ATTENDING	G MEDICAL STAF	te and haur and fram the	
TO HOSPITAL TO FUNERAL Should be dete		22d PHYSICIAN'S NAME (TYPEO ESSIE J	MOODS	839 1 N.	work st	+192061 E	Le .05
BP		SURIAL, CREMATION, REMOVAL	23b. DAYE 23c. 1	NAME OF CEMETERY OR CREMATOR	23d LOCATION AY OR JOWN BATE RECD. BY REGISTRAN	Tember: M	STATE
DHMH-16 30M 2/80 (VRA 15, 4)	1	DAKY FINER	A / Hom FADORES / 2	3047 (0 41/00)	AN 3 1 1984	ON PORTER S SIGNAL	Can and



STATE OF MARYLAND



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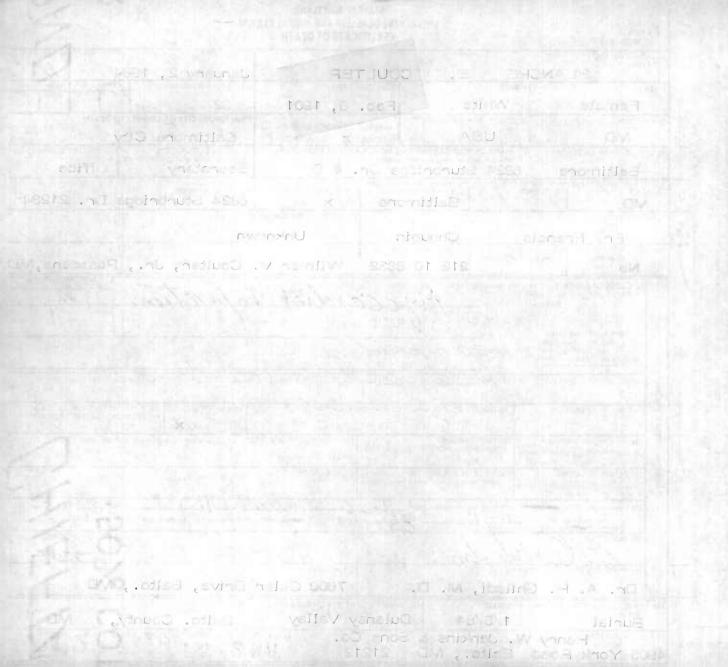
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENI

FOR

Anatomy Board

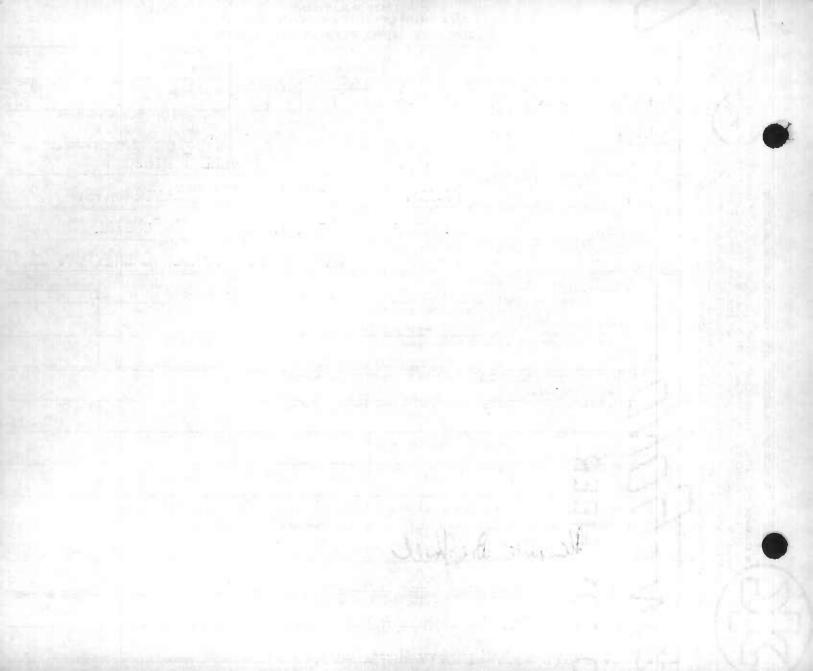
FEB O 1964 James Parish



	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B REG. NO.	0 0 8 7 0
	DECEASED NAME FIRST (TYPE OR PRINT)	E CLARA	COURTS	JAN. 21	SAH 230 PM
3	SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHD	
nx	FEMALE	WHILE	12 24 07	76	YRS 0 28
3	e. BIRTHPLACE ASTATE OR FOREIGN	U. S.A.	MARRIED PNEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR	MORE CITY MD
3	BALTIMORE	11. NAME OF HOSPITAL, NURS  JE NOT IN SUCH EACHLITY, GIVE STREE  SOUTH BALLICO		120. USUAL OCCUPATION	PORKING LIFE) INDUSTRY
35	JSUAL RESIDENCE 18 NURSING HON JB. STATE 136 /	OUNTY 136. CITY OR TO	ORE ADMISSION) WN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 2	ChicAN Ave 21227
13/	FATHER'S NAME FIRST WALTER	MIDDLE FITZGERAL	15. MOTHER'S MAIDEN N	AME MIDDLE	Intries of
2	MAS DECEASED EVER IN U.S		CURITY NO. 17 INFORMANT	ADDRESS	Trunky ner tre
	Conditions, if ony, which gove rise to immediate couse (a), stofing the underlying couse lost	DIATE CAUSE (0) CARDIA  DUE TO, OR AS A CONSEQ  (b) My ELO  DUE TO, OR AS A CONSEQ  (c) SCOSSIS  NT CONDITIONS CONTRIBUTING TO	LENCE OF PLOROSIS  UENCE OF FROM SACAAL  DEEATH BUT NOT RELATED TO THE TERM		
2	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO NO
	710. ACCIDENT WAS UNDERTYING OR CONTRIBUTING CAUSE O LIFE EITHER, NOTIFY MEDICAL EXAM 214 INJURY OCCURRED	F DEATH HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY	DAY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY I	
	AT WORK	TAT HOME, STREET, FACTORY, OFFICE			84
4	saw the deceased oliviobove, (1) (we) (did) (di 27% SIGNATURE FOMCUS 274 PHYSICIAN'S NAME (1	K. GALVID	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	, 10	ond hour and from the causes stated  270 DATE SIGNED  1/21/84
2	30. BURIAL, CREMATION, REMO 1589(84)		NAME OF CEMETERY OF GREMATORY	23d. LOCATION CITY OR TOWN  CALLENA	county Mesostate
3	1 JUNERAL DIRECTOR	Back   ADDRESS	1.21223 JAN	25 1984	REGISTRAR'S SIGNATURE

JAN 25.1860 Jung Limb

1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALT	H AND MENTAL HYGIENS 4 0 0 3 / CERTIFICATE OF DEATH REG. NO.	
	PECE ASED NAME FIRST PROPERTY	MIDDLE	OF ESTI- A-A	2b. HOUR
T SI	FEMALE BLACK	5. DATE OF BIRTH  10 DATE OF B	INDER 1 YR. IF UNDER 24 HRS. 2¢ DATE MONTH DAY YEAR	2d. HOUR 5:40 P.M
B	BIRTHPLACE (STATE OR FORFIGN COUNTRY) MD.		RIED   NEVER MARRIED   BALTIMORE CITY OR COUNTY OF DEATH WED   DIVORCED XX Baltimore City,	MD.
A	Baltimore	11. NAME OF HOSPITAL, NURSING HOME, OR OF COMMENCE OF COMMENT OF C	DOUBLE TO DINER	
130.	ST MD.	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  TY  BALTO	13d INSPECTIVE LIMITS? 1343II BELLVIEW AVE.	9
9	PÄRKER	COVING TON	GEORGIANNA MIDDLE MCNEILL	
160	WAS DECEASED EVER IN U.S. ARM (YES NO, OR UNKNOWN) (IF YES, GIVE V	MED FORCES? WAR OR DATES)  16b. SOCIAL SECURITY NO.	MARY JACOB 3 WALDEN CHERRY CT. 2	21207
ALL CREMATION, OR REMOVA	Control of the contro	DUE TO, OR AS A CONSEQUENCE OF  (c)  ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PART ( to).	
O BURRAL, CREA	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	WAS PERFORMED? 20 AUTOPSY? YES	моХХ
MEDICAL CERTIFIC	UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH DAY YEAR DEATH P.M. 19	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  OCATION  STREET CITY OR TOWN COUNTY	STATE
	220. I certify that I took charge	e at the remains described above, held on Auto al causes XX. Accident , Suicide .	Inspection X. Inquiry, and in my opinion    Hamicide, Undetermined manner,  TITLE (SPECIFY)  M.D. ASSISTANT MEDICAL EXAMINER  DATE SIGNED 1-27-8	34
TIMORE MARYLAND	EXAMINER'S NAME Marc	garita A. Korell, M.D.	_ADDRESS 111 Penn Street	
	BURIAL, CREMATION, REMOVAL 2: BURIAL  FUNERAL DIRECTOR	31/84 MT. AUBUR	CITY OR TOWN COUNTY STA	TE
17 E (5))	NAME EDOV O DVETT	4600 LIBERTY HOTE	1 10 1 4 0 100 1	



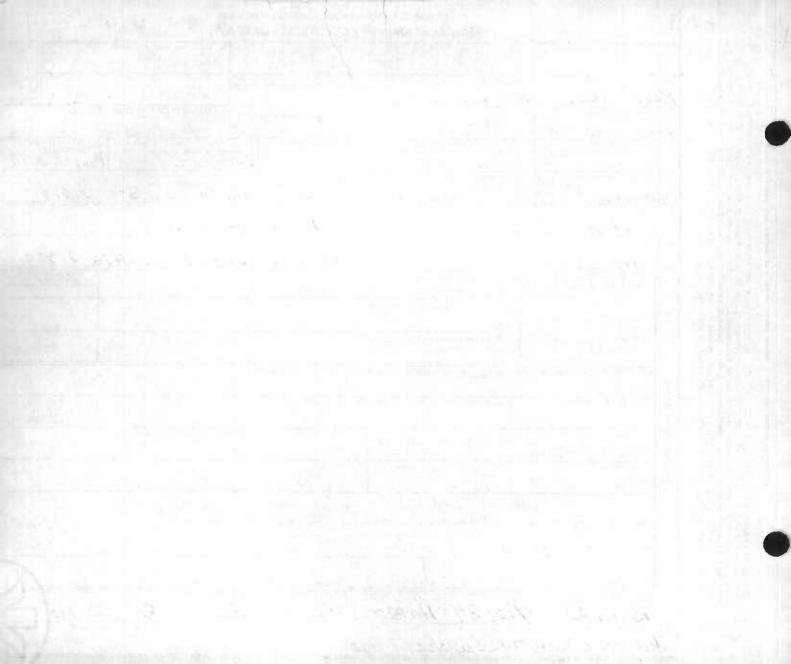
	3 1	FOR STATE REGUMERAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MEN CERTIFICATE OF DEA	NTAL HYGIEN	REG. NO	0 0	3	12
moy be	1, DI	CEASED NAME FIRST EZSLE		COX		01	30 S	94 (	10014 M
oge 4	1	F	1. RACE N V	5. DATE OF BIRTH	96	AGE (IN YEARS LAST BIRT	YRS	S DAYS HO	DURS MIN.
deoth. Po	1	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED MEVER MAR	RCED	BACT BACT	MORE	CIT	Y MD.
by the	5	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE UNITY OF MA	PYCAND HOS,	P	O USUAL OCCUPATION OF WORK FOR MOST OF	F WORKING LIFE) IN	b. KIND OF BU	JSINESS OR
in 24 hours hours in the second be	130	ATHER'S NAME	OTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13c CITY OR TO	WN 138 INSIDE CITY I	0	STREET ADDRESS /	ZIP CODE	tolky	4/
complete	7	CHARLES	MIDDLE EDWINE	RS SUS	AN	MIDDLE	E	Part	RS
be executor ond crs. Pogest	160	(YES, NO. DR. UNKNOWN) (IF YES, GIN	VE WAR OR DATES) NONE	16.	NY REC	HSMAN	i) ROXIE	BACH	TON COURT
ertificate g physic conpope removal.		PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), o D BY: TE CAUSE (o)	FRIELLAR,	ARRY	THMA			HOURS'
ne deoth cermonic correspondition, or refroumability		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQU	ENTURAL P	HERN	MATION		40A	45
ed by the please re-		couse (o), storing the underlying couse lost	DUE TO, OR AS A CONSEOU	ebrar ed	one			400	ls
require	ATION	190. DATE OF OPERATION	CONDITIONS CONTRIBUTING TO	H OPERATION WAS PERFORME		20a AUTOPSY?	20b. IF YES, WEF	20	SUSED
he lo	CERTIFICATION	NONE  210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21. HOW INJUIN		YES NO HOLL	IN CERTIFYING YES	CAUSES OF	DEATH?
SICIA no ph certification in circles and them	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH (	DAY YEAR	CT OCCURRED	LENTER NATURE OF INJUR	Y IN ITEM 18 PART I O	R PART 2)	12
ING PHYS	MED	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.		87,	CITY OR TO		OUNTY	STATE
ATTEND ospitol o eCTOR. A d for use		saw the deceased alive on above, (I) (we) (did) (did no	tol) ottended the deceosed from 1/30 19 19 view the body ofter death.	84, and that in (my) (our	ir) opinion dea	th occurred on the do	te and hour and	from the cou	
ITAL OR by the h RAL DIR defoche stote Dep		226 SIGNATURE	euce Wohal	PHY:	ENDING /	MEDICAL STAF	F	DI 3	084
TO HOSPITAL retoined by this TO FUNERAL Is should be deto with the Stote IMPORTANT. II			LOBAR MI	DEPT- 01		nacoby, u	MULOFA	10.40	PINOS
BP		BURIAL, CREMATION, REMOVAL	236. DAJE 23c	Mt. Olive	7	NORTH Thu	mbestan	V	A STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24	UNERAL DIRECTOR	1348N' ADDRESS	Phone 27	250. DATE P	13 I 1984	256. REGISTRAR'S	SIGNATURE	the f

61 3c 84 0679 ELSIE NOIL X33 12 01 96 A 7. 1) BARTHAR STERTY AZ.U DAILY, OF JURGINGS MANY ASSERTING 121 D 1518 MUNICIPAL YOURS TO MILE STATE OF SHALKSETTY. Tartus Es 754346563 7335H113 NOVE (INTER PETERSONES) CHE SOUTH VERTICULAR HERE THINK A Va Rovers LEVELOUNE HEEVENOWN HOLERE 1 B 1452 FOREGRAGE EDENIAL MENE 84 1/30 84 N 3689 BRUXE I LOBAR AND PROTEST NEWSON, UNICE MARCHESTE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN XX MONTH YEAR 7h HOUR (TYPE OR PRINT) ESTI-DEATH MATED Sheldon Cox 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IE UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 8:46 Co DEAD 1984 D. M 9 BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE (STATE OR BALTIMORE MARRIED THEVER MARRIED WIDOWED DIVORCED Baltimore City IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12h KIND OF BUSINESS OR INDUSTRY Baltimore 644 W. Mosher Street -ABARER CONSTACIOTIZE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13h COUNTY MARYLANI NO T TIMORE SE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE IOLA EMU TCHINS 7 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO DIVISION 2217 LINDENAUS 21217 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot Wound of Chest (unspecified) IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION HIS CAN WRITING THE WENT WARDED TO THE CHIEF MEN PAGE 3 SHOULD BE USED AS THE CEPARTMENT OF HEAT COME TO BURIAL COME. 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B AUTOPSY? YES XXX NO [ 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XXOR HOUR XXX MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 8: 32P.M 1 - 31984 subject was shot 21e. PLACE OF INJURY If LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) COUNTY STATE WHILE AT WORK AT WORK XX allev-rear of Baltimore 644 W. Mosher St EXECUTE THE CERTIFICATE,
PACE A SHOULD BE FORW
TO EUMERAL DIRECTOR, IN
AFTER DEATH, WITH THE ST
BALLIMORE, MARYLAND 2. Autopsy XX 22s. I certify that Loak charge of the remains described above, held an Inspection and in my apinian Hamicide XX Undetermined manner death resulted from Natural causes TITLE (SPECIFY) Assistant DATE 1-4-84 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME F Dennis F. Smyth, 111 Penn Street 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION BP 24. FUNERAL DIRECTOR 25h REGISTRAR'S SIGNATURE JOSEPH L. RUSS 2222 WINDRIN AUE **DHMH - 17** (VR A15 ME (5))

20M 4/82

STATE OF MARYLAND

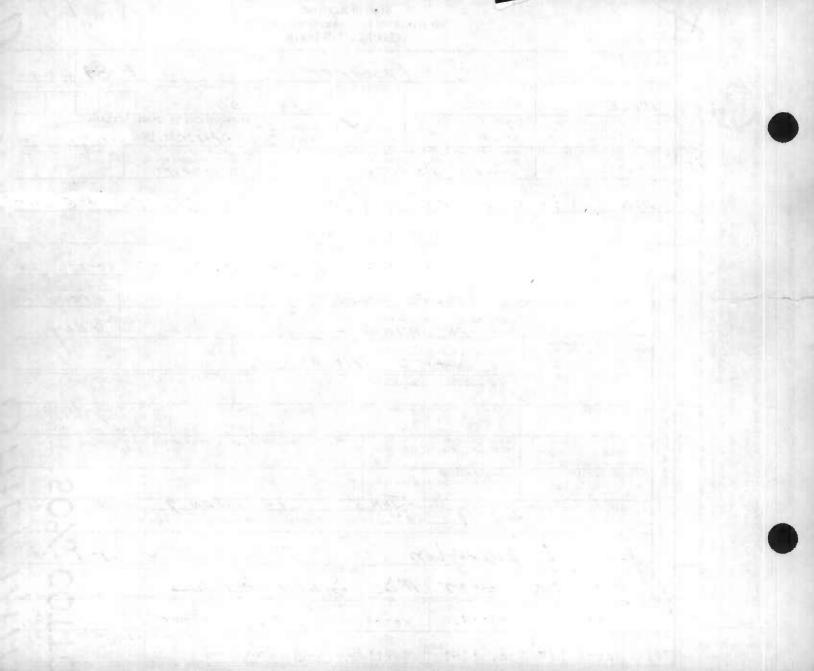


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, 4	1.	Item #5 Film #G587 STATE OF MARYLAND  FOR 1/21/81 in DEPARTMENT OF HEALTH AND MENTAL HYGIENE
6		- STATE 1/24/04 JP REGISTRAR also item #10 CERTIFICATE OF DEATH
-5	1.00	REGISTRAR also item #10  REG. NO.  ECEASED NAME FIRST MIDDLE LAST Zo DATE OF DEATH MONTH DAY YEAR ZO HOUR
		ME DATE OF DEATH MONTH DATE TO A COLUMN STORY OF THE PROPERTY
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TA I		M BLACK APRIL 28 PH 74 YRS MONTHS DAYS HOURS MIN
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E TO ALL		COUNTRY MARRIED NEVER MARRIED
56 1	4	GA, U.S.M. WIDOWED DIVORCED DIVORCED
4 25 50	7100	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
5 38 20	21.5	STATA 1001 WHEELER FIVE, GOV. EMPLON
2 57 17	USL	UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
2 49 47	1 X	11 01 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5 22 50	14.E	FATHER'S NAME  13 MOTHER'S MAIDEN NAME  15 MOTHER'S MAIDEN NAME
2 27 60	1	FIRST MIDDLE LAST
3 68 34	4	HLEXANDER CULVER MARY DANIELS
9 - E	16a	WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMANT ADDRESS
2 20 4/		YES WILL 219-20-890 ELIZABETH CULVER- 1001 WHEELE
B 844 6/		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN CHISE AND DEA
A A A A A		PART I. DEATH WAS CAUSED BY
0 000		IMMEDIATE CAUSE 10) CALLOW CANEST
2 6 6 6 F		7292 DUE TO, OR AS A CONSEQUENCE OF
2 111 1		Conditions, if any, which (b) History Carely vosculation for many
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l by se r al, c		underlying cause lost
gnec		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
n si to to	Z	
s been at The prior t	CERTIFICATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED
The standard	7 2	IN CERTIFYING CAUSES OF DEATH?
/SICIAN: Thystcian. certificate ha -transit pern ntal Hygiene Item 18 sho		YES NO YES NO
ICIA sicia ansi il Hy	19	218. ACCIDENT WAS UNDERLYING   216. TIME OF INJURY OR CONTRIBUTING   CAUSE OF DEATH OWN MONTH DAY YEAR
0 000 -	13	(# ETHER, NOTHY MEDICAL EXAMINE) P.M. 19
ام حديه و	MEDICAL	216 INJURY OCCURRED 216 PLACE OF INJURY 211 LOCATION  LATHOUR STREET RATIONY OFFICE FARM FILE STREET CITY OF TOWN COUNTY STATE
Z C C C C C	¥	WHILE NOT WHILE AT WORK AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET CITY OR TOWN COUNTY STATE
ENDI or atte OR: A se as t se as t se as t is m.		
F 4 5 4 E		22e I certify that (I) (this hospital) attended the deceased from
pital pital for u for u		obove, (I) (عنه) (did not) view the body ofter death.
ALOR AT the hospital AL DIRECT tached for te Dept. of T: If Item 2		12% SIGNATURE DEGREE 12% DATE SIGNED
TAL the stac ite [		Will the Attending Medical Staff Physician Mirector Physician (-10-84
SPIT by by ER Sta	#	224. PHYSICIAN'S NAME (1996 OF PRINT) 220 ADDRESS
HOSPI ined by FUNEF uld be o		Aline As T Francis 9 8 May St Ralburg Wald
TO HOSPITAL retained by the ITO FUNERALE should be detach with the State DIMPORTANT: 1	-	Micitolias J. FORTHIN I TEChasest - Paltimory Wal II.
	23e.	BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE
BP		BURIAL 1/2 JAN 84 NEW CATHEDRALIBALTIMORE Md.
No. Comment	24 F	FUNERAL DIRECTOR  ADDRESS  ADDRESS  ADDRESS  ADDRESS
DHMH-16 25M		W/F/ S. G13 SON 1631 DRUID HILL TIN 13 1984 July Court

(andrewart Carlos) Arthurselisticadin mulardiam. 16 years N P-1 25 1007 West winder with New on I Forguine 9 Eller St. Baltimon Walling

William Control of		230 0000 2700	STATE OF MARYLAND	9 0 0 0	880
74	FOR Item #8 mt	b F#607 DEPAI	RTMENT OF HEALTH AND MENTAL HY	GIENE O	
13 24	REGISTRAR 9/10/85	D 1    00 /	CERTIFICATE OF DEATH	REG. NO.	
	1. DECEASED NAME FIRST	MIDDIE	LAST	Te. Date of Bertin	YEAR 26. HOUR
eo th	JOHN	HENRY	CURTIS	JANUARY 27,1984	6:50A <sub>M</sub>
	3, SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER	
6 6	Male	Black	MONTH 8 26 YEAR	57	DAYS HOURS MIN.
(を)の	TO BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8. MARRIED X NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DE	ATH
2 36	MD	USA	WIDOWED DIVORCED	BALTIMORE CITY	MD.
	10 CITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION		KIND OF BUSINESS OR
5 Table 30	BALTIMORE	THE JOHNS	HOPKINS HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDI	USTRY
212	USUAL RESIDENCE (IF NURSING HOME 130, STATE 13b, COL	OR OTHER INSTITUTION GIVE RESIDENCE BET	ORE ADMISSION) DWN 13d. INSIDE CITY LIMITS?	12- STREET ADDRESS / 7IB CODE	
S NEWS	MD	Balti	more YES NO [	2716 Fenwick Av	re. 21218
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e de co	John	H. Curt	is Emma	Lewi	.s LAST
d co	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17. INFORMANT	ADDRESS Laurett	a
Page 1	Yes Yes	220-1	8-6267 Maria Dor	sey 2312 Loretta	Ave.
a sico sico de esta esta esta esta esta esta esta est	18. CAUSE OF DEATH (Enter	only one cause per line for (a), (b),	and (c) 1		APPROXIMATE INTERVALE ETWEEN ONSET AND DEATH
phy your phy	PART 1. DEATH WAS CAUS	ATE CAUSE (0) Cardio	c Arrest		
	= 4148	DUE TO, OR AS A CONSEC	DUENCE OF		Hara and Hara
a to de	Canditions, if any, which	( (b)			
The state of the s	gave rise to immediate (cause (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF		
that the	Funderlying cause last.	(- (c)			
Signed Signed of bury	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN P	ART No.
8	& Myorardia	& Ischemia, Mel	alobe Acidosia 1	enal Falling, We	disease
S be	M 190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE IN CERTIFYING C	FINDINGS USED AUSES OF DEATH?
AL AL Signification	12			YES NO YES	NO 🗌
Mysi Hyon Hysin	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OF P	ART 2)
SICL ng p certs certs in al-	4	ER) P.M.	19		
SIOI this and who	21d. INJURY OCCURRED  WHILE INDIVINIE IN	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	211 LOCATION STREET	CITY OR TOWN COU	INTY STATE
DIVISION OF ING PHYSICIA of the this certain of the buriol-th ond Mentol or the doctor	AT WORK AT WORK			1 2	
Media R		pital) attended the deceased from	5717	1 to 11 T 19 8	that (I) (we) last
ATTI Sport SCIC d for m 21		nat) view the body after death.	1	death occurred an the date and haur and fro	
OR Dep	22b. SIGNATURE	1 U. Anna	DEGREE	MEDICAL STAFF	DATE SIGNED
RAL den	22d PHYSICIAN'S NAME INTO	I di wir	· PHYSICIAN [	DIRECTOR PHYSICIAN	127/8 7
HOSPI Ined b	226. PHYSICIAN'S MAME (1914	)	27e ADDRESS	1 4 1	1
O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	THENCE	Parteman	12MOL/	toping hornit	ZL
The second second	230 BURIAL, CREMATION, REMOVA	011 40 4	C. NAME OF CEMETERY OR CREMATORY	23d EOCATION CITY OR TOWN COUNTY	
BP		2/1/84	arrison Forest \		MD
DHMH - 16 50M 4/83	24 FUNERAL DIRECTOR	ADDRES	North Ave. JA	TE REC'D. BY REGISTRAR 256 REGISTRAR'S S	GNATURE .
(VRA 15, 4): "	Wm. C. March	F/H 1101 E.	North Ave. JA	N U I BOH	- mundy

FOR

REGISTRAR

DECEASED NAME

- STATE

TYPE CREATMENTS

13e.STREET ADDRESS / ZIP CODE 1935 Ridge Road 21136 Deavers 1935 Ridge Road Francis G. Custer Reisterstown, Md. 21136 PART 2 WHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the couses stated 22c DATE SIGNED, DIRECTOR PHYSICIAN STATE 28.1984 Good Shephard Cem Baltimore. Maryland Buria. DHMH - 16 50M 4/83 Owings Mills. Md. (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

MONTH

YEAR

1984

26 HOUR

126. KIND OF BUSINESS OR

Construction

11:00

IF UNDER 24 HRS

2a. DATE OF DEATH

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William C March F/H Inc. 1101 E North Avenue

- STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

STATE

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FOR STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

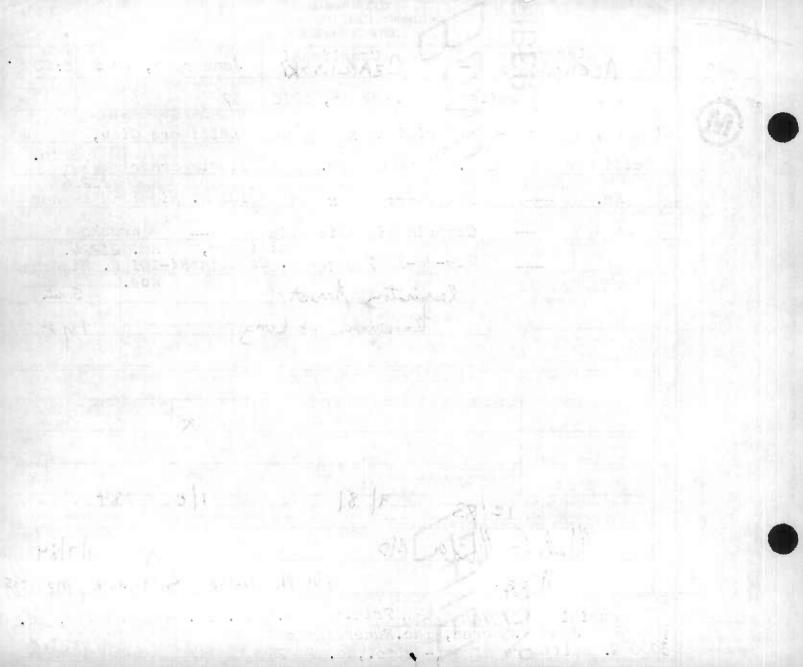
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1		EASED NAME	FIRST		MIDDLE	ı	AST		2a DATE O	FDEATH	MONTH	DAY	YEAR	26 HO	UR	Ī
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	3.5EX			4 RACE		S. DATE C		YEAR	6 AGE (IN	YEARS LAST BIR	THDAY)	MONTH	DER TYEAR	IF UNDI	R 24 HR5	_
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4		RTHPLACE (STATE)	OR FOREIGN	76 CITIZEN OF	WHAT COUN	ITRY? 8.	D NEVER	AA APPIED T	9 BALTIMO	ORE CITY O	R COUN	TY OF D	EATH			
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/	10 CI	TY OR TOWN OF D	EATH			URSING HOME C	OR OTHER INS	NOITUTION	12a USUAL	OCCUPATI			L KIND O	F BUSIN	VESS OR	Ī
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7	14. FA	THER'S NAME		MIDDLE	LAS	ī	15. MOTHER	'S MAIDEN NA	ME	MIDDLE			LAS	51		
u		John		c.	Ak:	ins	E	llen		I.	N. Line		John			
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		underlying cor	use lost.	(c)												
		PART 2 OTHER S	GNIFICANT	CONDITIONS	ONTRIBUTING	TO DEATH BUT	NOT RELATE	D TO THE TERM	AINAL DISEAS	SE OR CON	DITION	SIVEN IN	PART II	0		_
	CERTIFICATION			Piah	Jes,	millete										
'n	CA	190 DATE OF OPE	RATION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERF	ORMED	20a AUT	OPSY?			RE FINDING			
	TIF								YES 🗌	NO 🗌		YES 🗌		NO		
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	CAL	LIFETHER, NOTIFY M	_		M.	19					4					
	MEDICAL	21d. INJURY OCC	URRED	21e PLACE		FFICE, FARM, ETC.)	211 LOCAT			CITY OR TO	wn		COUNTY		STATE	
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		22d PHYSICIAN'S	NAME (TYPE C	OR PRINT)			22e. ADDRE	SS	ment le							
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	23o B	URIAL, CREMATIO	N, REMOVAL	23b. DATE		230 NAME OF C	EMETERY OR	CREMATORY	23d LOC	ATION Y OR TOWN		COL	INTY	I CH	STATE	
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	24 FU	INERAL DIRECTOR	Duda-	Ruck, I	nc. ADD	RESS		25a. DAT	E REC'D. BY		25b. REG1	STRAR'S	SIGNAT	LALLA	uh	
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DHMH - 16 50M 4/83 (VRA 15, 4)

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10	1.	FOR STATE REGISTRAR	DEPARTN	NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	0 8 8 4
oge 3 deoth		CEASED NAME A LERSON  ALEKSAN	VDER -	CZAPLINSKI,	, January 6, 1	984 6:20 M
	3. SE	Male	White	June 15, 1916		UNDER 1 YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN.
60 H. P.		COUNTRY)	7b. CITIZEN OF WHAT COUNTRY?  nd -GreatBrit	MARRIED   NEVER MARRIED   WINDOWS   DIVORCED	Baltimore City or County of	
S office of	10 C	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET	GHOME OR OTHER INSTITUTION Land Ave.	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR INDUSTRY Beth. Steel
filled in ould be to	USU:	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ITY 136 CITY OR TOWN Baltimo	N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	21224 and Avenue
MARYLA ed within mpletely ond 2 sh	14. FA	ATHER'S NAME  Joseph	middle Czaplin	15 MOTHER'S MAIDEN NA	ME MIDDLE	aska
MORE, nond co		VAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN)   1 IF YES, GIV		RITY NO. 17 INFORMANT Bal	α	21224.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours rottending physician and completely filled in by as the burial-stransit permit. Then please remove corban papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal.  orked or them 18 shows any injury, or other troumatic event, the medical probable must be the corked or them.		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	y one couse per line far (o), (b), one DBY:  E CAUSE (o)  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO D	NCE OF	ADE.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  STATE  IN PART Lia
n.  n.  nos been sign person in Ther operant. Ther operant in the principle of the person in the per	CERTIFICATION	19@ DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, VIN CERTIFYIN	VERE FINDINGS USED NG CAUSES OF DEATH?
SICIAN: The ng physicio certificate I urial-transit tentol Hygie them 18 400	MEDICAL CERT	218. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	
NG PHY: offending of the but t	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM. ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
Spital of Spital of Heal		220.1 certify that (1) (this hospit saw the deceased olive on obove, (1) (we) (did) (did no	12/83 19		deoth occurred on the date and hour a	, that (I) (we) lost and Irom the causes stoted
ITAL OR A by the had yet the had be a detached state Dept them.		22b. SIGNATURE		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOSPITAL ( retoined by the TO FUNERAL I should be deto with the State ( IMPORTANT: If		221. PHYSICIAN'S NAME (TYPEO	IDEI	220 ADDRESS	Wolfe Bultin	nore M021763
BP		Burial Burial	1/9/84 Holi	Trinity Rus.O		
DHMH - 16 50M 4/83 (VRA 15, 4)	30	UNERAL DIRECTOR John $000^{\text{NAME}}E$ . Baltim	nore Street-By	Funeral Home DAT	N 9 1984 Sec.	2 Cowers



FOR

REGISTRAR

- STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore CITY 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Garment 13 STREET ADDRESS / ZIP CODE 1231 Cross St. 21230 LAST Cross St . B alto. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aut) opinion death accurred an the date and have and from the causes stated 22c DATE SIGNED Cremation Catonsville. Westview Grematory 25a DATE 25b. REGISTRAR'S SIGNATUR ElKridge Md. 21227

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

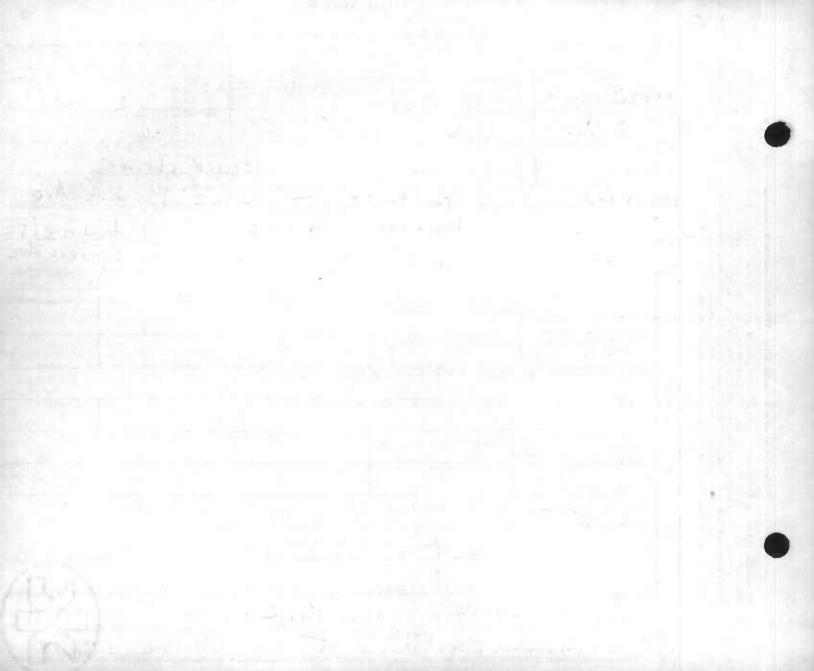
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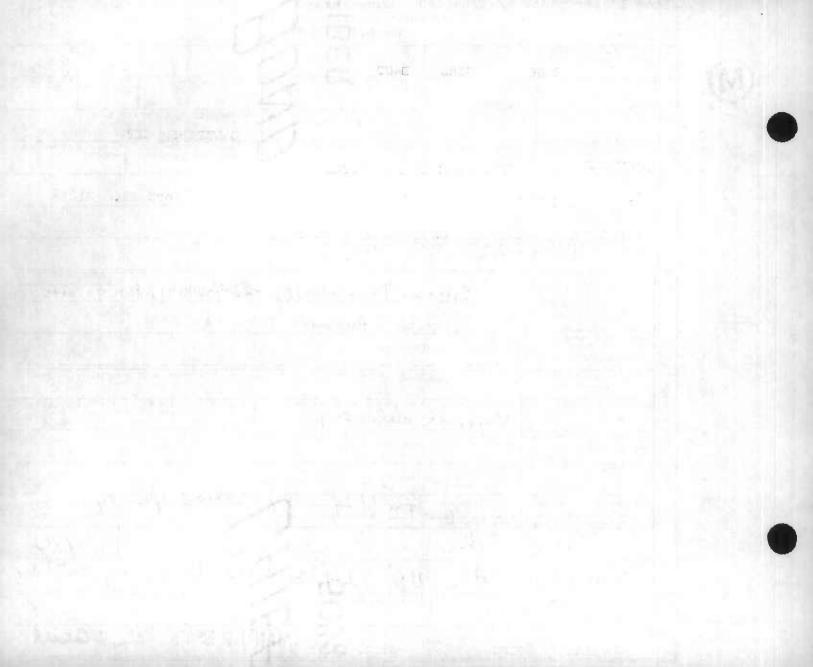
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の音を表する人人	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN  (IF NOT IN SUCH FACILITY, GIVE STREET	G HOME, OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WO	ORR 126. KIND OF BUSINESS OR INDUSTRY
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MEDICA CUTE THE SE 4 SH FUNER FRORE	4	EXAMINER'S NAME	Thomas D. Smith,	M D 111	Penn St. Balto.	MD
TO MEDICAL EXAMINER: THE EXECUTE HE CERTIFICATE, PAGE 4 SHOULD BE FORM. TO FUNERAL DIRECTOR: PAFIRE BEATH, WITH THE STREAMORE, MARYLAND, 2.	-	(TYPE OR PRINT)				, r.i.D. •
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DHMH - 17	10	UNERAL DIRECTOR	ADDRESS (9	1300	REC'D. BY REGISTRAN 256 REGISTRAN	K'S SIGNATURE
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4YSKCIAN The ledging physicion is certificate has buriol-transit per Mental Hygiene Amental Hygiene	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	HOUR A.M. MONTH DA	Y YEAR		RED (ENTER NATURE OF INJURY		
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TO HOSPITAL of FORTING By the TO FUNERAL I should be detoo with the Store I IMPORTANT: IF		220. PHYSICIAN'S NAME (TYPE O	ERGON MO PA	364C	POLUS	CAE RAUD	MD 212	
RD	- (	surial, cremation, removal Specif Burial  Meral <del>Or</del> ector		arrison For	est VA	23d LOCATION OWINGS M EREC'D. BY REGISTRAR 2		STATE



tem 13 per phone 1/23/04 dad



John C. Miller Inc. 6415 Belair Rd.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG NO

YEAR

84

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28085

APPROXIMATE INTERVAL

· 54EARS

NO [

STATE

STATE

Md

COUNTY

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

22c DATE SIGNED

DAYS

2b. HOUR

IF UNDER 24 HRS

20 DATE OF DEATH MONTH

250. DATE REC'D.

BP. DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR

STATE

DECEASED NAME

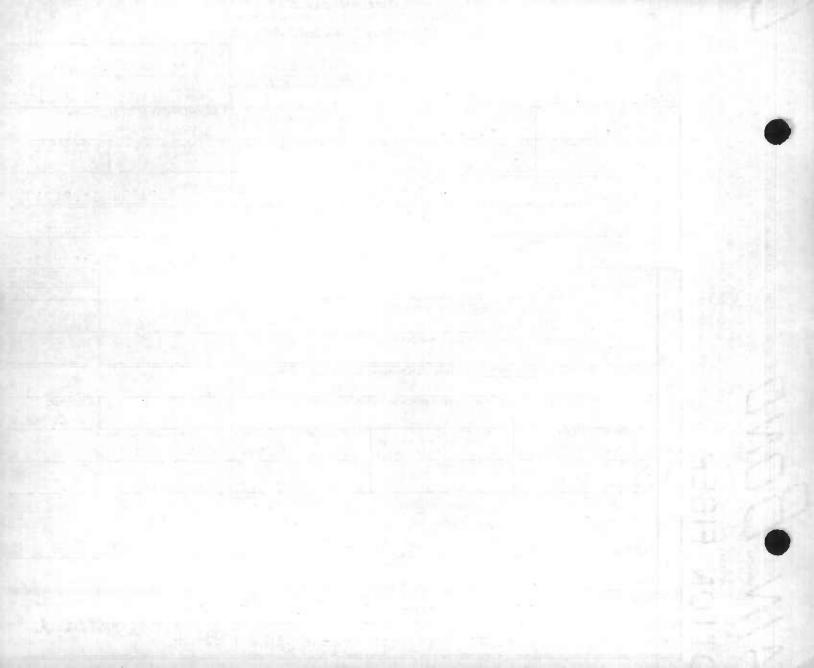
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH MONTH DECEASED NAME 2b. HOUR JANUARY 23. TYPE OR PRINTS 1984 ABDELLA DAVIS 5:42A 4 RACE 5. DATE OF BIRTH AGE IN YEARS LAST BIRTHDAY) 1 SEX MONTH YEAR Black 9 09 Female 14 74 9 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY Virginia U.S.A. WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IN CITY OF TOWN OF DEATH 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 21213 1136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 2101 E. Lafayette Avenue Maryland Baltimore YES [X] NO [] 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE F. Williams Perry Benjamin Mary ADDRESS AL SOCIAL SECURITY NO. 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 215-12-5656 Brenda Graves 2103 E. Lafayette Ave UNKNOWN APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY 5 minute IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ 71a ACCIDENT WAS UNDERLYING 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIE EITHER NOTIFY MEDICAL EXAMINER) P.M 19 214 INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive an. and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. DEGREE 22c. DATE SIGNED 22b. SIGNATURE STAFF ATTENDING MEDICAL PHYSICIAN DIRECTOR | PHYSICIAN 23c. NAME OF CEMETERY OR CREMATORY 236. BURIAL CREMATION, REMOVAL 236. DATE 1/28/84 King Memorial Park Randallstown BURIAL 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 Wm ComMarch F/H Inc. 1101 E North Avenue (VRA 15, 4)

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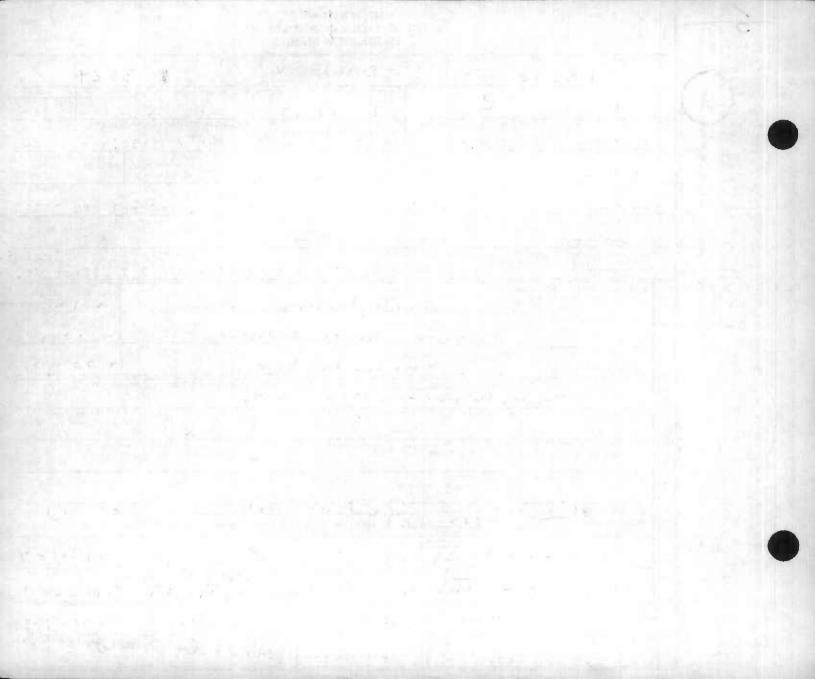
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F 7 1 2 1	Male Black		6. AGE (IN YEARS IF UN LAST BIRTHDAY) MONT	III OTTERNA	MIN. PRONOUNCED DEAD	1-21 1984 2	1001
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73a. E	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY O	ADDRESS	[23d LOCATION		
(	BURIAL		fount Zior	n Cem,	Lansdowne		



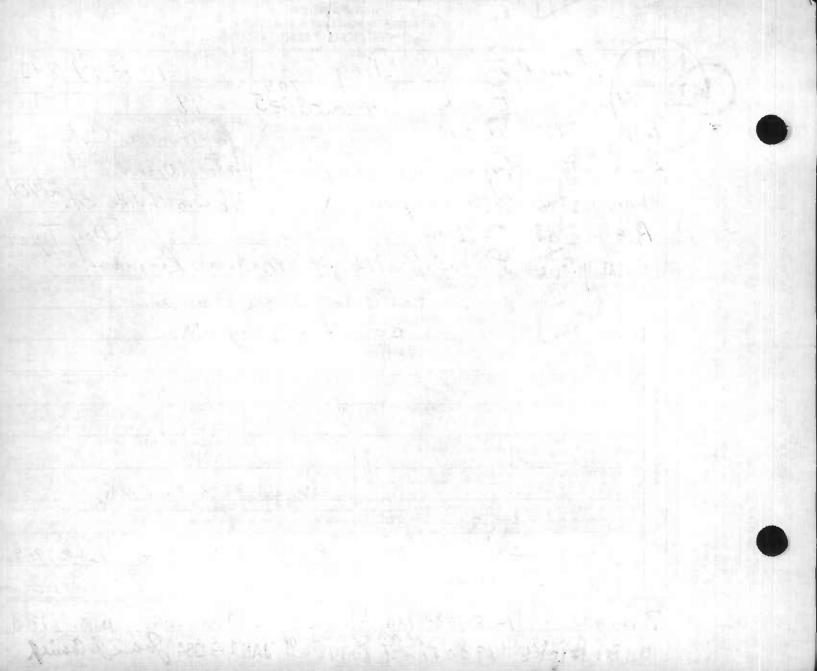
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ompletely ond 2 s		THER'S NAME FIRST  Jessie	MIDDLE	Lucas		A	s maiden na/ irst innie	WIDDLE	200	Pittn	nami
be execu		NAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	728-09-		Mary	Davis	1511 Pent	ridge Ro		MAYE INTERVAL
quires that the death ce signed by the attending Then please remove carb to burial, cremation, or r njury, or ather traumotic	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	(b) DUE TO, O		ENCE OF NOVA	heur scula	rarta	erioscler		ス	5-10 YA
he law re ion. has been if permit. I iene prior	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?	IN CERTIFY	WERE FINDIN	GS USED OF DEATH?
PHYSICIAN: Ti tending physici this certificate he burial-transi and Mental Hygi ed a. Hen 18 th	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE CAUSE ON THE NOTIFY MEDICAL EXAMINE CAUSE ON THE CAUSE OF THE NOTIFY MEDICAL EXAMINE CAUSE OF THE NOTIFY OF THE NOT	ATH HOUR A. R) P. 21e PLACE	OF INJURY .M. MONTH DM. OF INJURY REET FACTORY, OFFICE, F	19	21c. HOW IN	NC	RED (ENTER NATURE OF II		COUNTY	STATE
R ATTENDING hospital or of RECTOR: After the defense os ppt of Health or mark		22.1 certify that (I) (this hosp free the deceased give of obove, (I) (we) idial (did of 22) SIGNATURE	the bady	19	_	nd that in (my)	(aur) apinian (	, ta death accurred an the	date and hour		
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PP		BURIAL BURIAL	23b. DATE 1/19/	23 c. 1		EMETERY OR CE	CREMATORY	234 LOCATION CITY OR TOWN Lansdo		COUNTY	STATE Md.
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 F	M. C. MArc	E.H.	INC. ADDRESS	. 100		250. PAT		AR ISA REGISTRA	AROSIQUAL	

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5	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	0 0 0 7 0
		CEASED NAME FIRST	JE M.	DAWSON	20. DATE OF DEATH MONTH	30 84 26 HOUR
(1)	3. SE	F	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
25	7	IRTHPLACE (STATE OR FOREIGN COUNTRY)  Virginia ITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTR'  U.S.A.  11. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STRE	MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED ING HOME OR OTHER INSTITUTION	9. BALTIMORE CITY OR COUN  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	1timore MD.
	JSU	Baltimore AL RESIDENCE (IF NURSING HOME O STATE   136 COU	2900 East F	ederal Street	13e. STREET ADDRESS	or industri
30	JI. F.	Maryland ATHER'S NAME	MIDDLE LAST	imore YES X NO  15 MOTHER'S MAIDEN NA FIRST		eral St. 21213
Pop /		Arthur WAS DECEASED EVER IN U.S. A: YES, NO OR UNKNOWN) UNKNOWN (IF YES, G	IVE WAR OR DATES)	MAry CURITYNO. 17 INFORMANT 0-5054 Fisher &		Woodson ville, Virgin:
g physical conpoper removol event, tra		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (o), (b),		Weeking I / II /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
move cork		Conditions, if ony, which gove rise to immediate		imatic Heart D	13 (4) (.	~ 30 50.
n please re buriol, crei		couse (o), stoting the underlying couse lost  PART 2. OTHER SIGNIFICANT	101	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	N 50 WS.
prior to	CERTIFICATION	190 DATE OF OPERATION	Per tension FOR WHICE	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
Mental Hygiene Artem 18 shows		210. ACCIDENT WAS UNDERVING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 11	YES NO SPART 2)
os the bur th and Me orked or th	MEDICAL	21d. INJURY OCCURRED N /	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICI		A , CITY OR TOWN	COUNTY STATE
DIRECTOR: A oched for use Dept. of Heol If them 21 is m		220.1 certify the this hosp sow the deceased alive or obove, (1) (we) (did) (did n	of view the body ofter death.	B 3, and that in (my) (our) opinion  DEGREE	death accurred on the date and hi	
VERAL DIR		22d PHYSICIAN'S NAME (TYPE	OR PRINT)	ATTENDING PHYSICIAN I	MEDICAL STAFF DIRECTOR PHYSICIAN D	DATE SIGNED
TO FUNERAL Is should be deto with the State LIMPORTANT: If	23a I	Mahmu BURIAL, CREMATION, REMOVA	d A. Thum	NAME OF CEMETERY OR CREMATORY	City Hospikis	. Balting MD
	1	BURIAL UNERAL DIRECTOR		akhill Cemetery	Danville,	Virginja
6 50M 1/B1 (15, 4)			H Inc, 1101 E	North Avenue	AN 3 1 1984 256 REG	STARY SIGNATURE



3		STATE OF MARYLAND  FOR STATE STATE REGISTRAR  STATE CERTIFICATI OF DEATH  REG. NO.	24
may be	(3	CEASED NAME   FIRST   MIDDLE   LAST   20. DATE OF DEATH MONTH DAY YEAR 26. H  LE OR PRINT)   20. DATE OF DEATH MONTH DAY YEAR 26. H  LE OR PRINT)   384 8  4. RACE)   5. DATE OF BRITH 1905.   6. AGE (IN YEARS LAST BIRTHDAY)   IF UNDER I YEAR IF UN	HA M
death. Fage 4	25	Black 4 379045 18 YRS. MONTHS DAYS HOUR HETHELACE TABLES OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 19 BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DMORCED DAY MARRIED THE WIDOWED THE WIDOWED DMORCED DAY MARRIED THE WIDOWED THE	MD.
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ST.	c event, Inchie	18 CAUSE OF DEATH (Enter only one couse per line tor (a), (b), and (c), part I DEATH WAS CAUSED BY:  18 CAUSE OF DEATH (Enter only one couse per line tor (a), (b), and (c), part I DEATH WAS CAUSED BY:  19 CAUSE OF DEATH (Enter only one couse per line tor (a), (b), and (c),	ITERVAL IND DEATH
201 W. PRESTON es that the death c red by the attendir	urial, crematian, a	Conditions, if any, which gove rise to immediate cause last lab Due TO, OR AS A CONSEQUENCE OF Death But not related to the terminal disease or condition given in Part Italian	
AL RECOR	shows any injury	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO	ATH?
ON OF VI	ked or Item 18	216. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	STATE
OR ATTENDIO e hospital or DIRECTOR: A	Dept. of Health	270. I certify that (1) (this hospital) attended the deceased from	
TO HOSPITAL retained by the TO FUNERAL should be detected.	MPORTANT:	22d. PHYSICIAN'S NAME (TYPE OR PRINT)  22d. PHYSICIAN'S NAME (TYPE OR PRINT)  22e. ADDRESS  Key Circle Hessice - BACOS Me R  BURIAL, CREMATION, REMOVAL 236. DATE  23c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION	984 E
BP		BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY D. D. D.	MA
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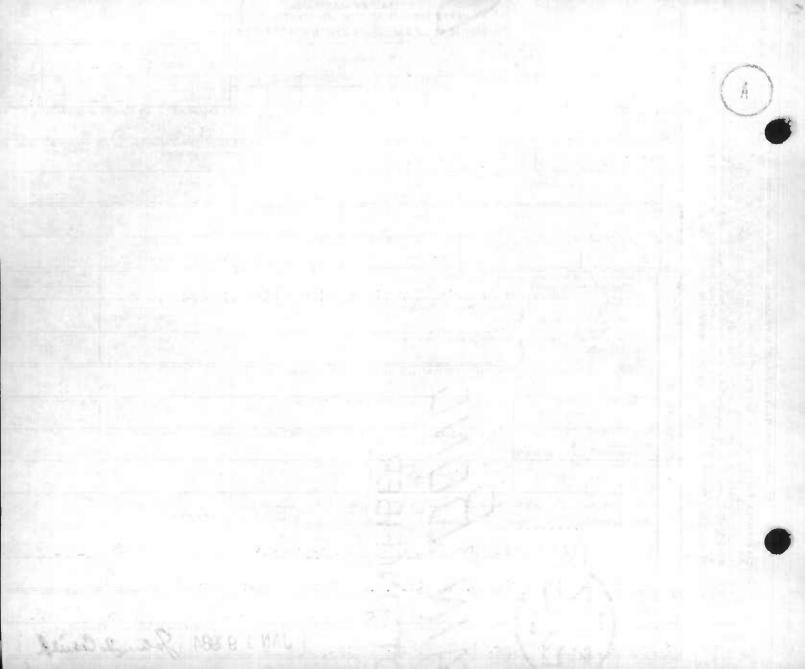


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5-6	FOR STATE REGISTRAR		DEPARTM	STATE OF M SENT OF HEALTH CERTIFICATI	AND MENTAL HYG	IENE REG. NO	0 0	3 9 /
. (M)	1. DECEASED NAME	ALPHONSUS	J.	DEL.	NEY	JANUARY		10:52A
ctor, pu	3. SEX MALE	4. RACE WHITE		5. DATE OF BIRTH	1904 <sup>*</sup>	6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER I	
neral dire	70 BIRTHPLACE (STATE OR FO COUNTRY)  Newfoundland	REIGN 76. CITIZEN OF W	HAT COUNTRY?	8	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF BALTIMOR	COUNTY OF DEA	rH MD.
by the fur	10. CITY OR TOWN OF DEAT BALTIMORE	EIF NOT IN SUCH	OSPITAL, NURSING FACILITY, GIVE STREET A OHNS HO	(DDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Manager	WORKING LIFE) INDU	IND OF BUSINESS OR STRY CWSPAPER
filled in	USUAL RESIDENCE (# NURSIN 13d. STATE MARYLAND	G HOME OR OTHER INSTITUTION, O 36, COUNTY HARFORD	EDGEWO	OD 13d. IN	SIDE CITY LIMITS?	13. STREET ADDRESS 609 EDGE	WOOD ROA	AD 21040
making ampletely and 2 st	PATRICK		LANEY		MARY	MIDDLE	DAWS	ON
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hiticate on paysicic on papers emavol.	PART I. DEATH WA	(Enter only one couse per l S CAUSED BY: MMEDIATE CAUSE (0)		rdiac a	mest		BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
offending	Conditions, if ony,	which ( (b)	AS A CONSEQUE	NCE OF potensio	)n			12 hours
by the cose remo	gove rise to imme couse (o), stoting underlying cause	the DUE TO, OR	AS A CONSEQUE	NCE OF Clusion	body my	oritis		7.11
2055	PART 2 OTHER SIGNI	FICANT CONDITIONS CO	NTRIBUTING TO D	EATH BUT NOT R	ELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN PA	RT Ito
he loon. has	19a DATE OF OPERATION DE TOUR	ON 196. CONDIT	ION FOR WHICH	OPERATION WAS	PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	INDINGS USED AUSES OF DEATH?
ICIAN: T p physici entificate ial-transi ntal Hyg	OR CONTRIBUTION CA	USE OF DEATH HOUR A.A	MONTH DA		OW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PA	RT 2)
NG PHYSICIA of the burial-th and Mental orked	CIF EITHER, NOTHY MEDICA  21d, INJURY OCCURRE  WHILE AT WORK AT WORK AT WORK	D 21e. PLACE C			OCATION STREET	CITY OR TOV	VN COUN	NTY STATE
ATTENDIN aspital ar ECTOR: Af for use o of for use o of tor use o m 21 is mo		his hospital) attended the		11/25/ bt_, and that	in (our) opinion	, to death occurred on the do	te and hour and from	, mon (m) (me) lost
AL OR the hor he between the Director of the Depth of Tr. If there	22b. SIGNATURE	etr C. Nel	th	DEGRE		MEDICAL STAF		DATE SIGNED
HOSPIII FUNER PORTAL	22d. PHYSICIAN'S NAM	Peter C. Q	Relitson	22e. A	DDRESS	olfest. Be		Md. 21203
#₽ ₹ ₽ ₹ ₹ BP	23a. BURIAL, CREMATION, R	236. DATE 1/9/84		AME OF CEMETE	RY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 FUNERAL DIRECTOR	omy Board	ADDRESS	Ralto	Md JAN	E REC'D BY BEGISTRAR	Sh REGISTRAR SI	September 1

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REDISTAR   MEDICAL EXAMINER'S CERTIFICATE OF DEATH   REG. NO.	1.	FOR			DEPART			ARYLAND		YGIENÉ	3 4	. (	) (	3	98
SELENE   CREATE   C	11-			ME	DICAL	EXAMIN	ER'S C	ERTIFIC	ATE O	F DEAT	ГН	REG. NO.			
SEX   RACE   SMALO OF BETH			ZI		MIDDLE			LAST		20					AR 2b HOUR
Female   Black   5 27 94 89 yrs     DEAD   1-14-84/9   3.36	3. SE	x	(ZFI	5. DATE OF BIRTH	YEAR			IDER I YR. II	FUNDER		c. DATE				EAR 2d HOUR
TORGIC COUNTRY   SOUTH   TORGIC CONTROL   TORGIC CONTROL   TORGIC COUNTRY   TORGIC COUNTR	/F	emale	Black	5 27	94	89 Y	RS.				DEAD				1:36P
The CITY OR TOWN OF DEATH			ATE OR		HAT COUN	TRY?	MARRI	ED NEVE	ER MARRI	ED 🗆 '	BALTIMO	RE CITY OR	COUNT	Y OF DEATH	
Baltimore    (f) NOT INSURFIACING ONE DIESE ABOUTS   SOPE	S	outh Car		U.S	.A.		WIDOW	/ED 🔀	DIVORC					100	MD.
USUAL RESIDENCE   # IN NUBBRICH CONDITION OF RESIDENCE REFORE ADDRESS   138 COUNTY   138 COUNT				(IF NOT IN SUCH F	ACILITY, GIVE S	TREET ADDRESS)	, OR OTH	IER INSTITUTION	ON				OF WORK	0R INDI	BUSINESS
Maryland   Baltimore   YES NO   809 Fast 41st Street 21218				OR OTHER INSTITUTION, C	IVE RESIDENCE	BEFORE ADMISSI	ON)	13d. INSIDE CITY	Y LIMITS?	13e, STREE	T ADDRESS				72,37
1. SATHER'S NAME   LAST   13. MOTHER'S MAIDEN NAME   MODIE   LAST   JUST   JU	M	aryland											Str	eet 2	1218
James   Grant   Victorine   Jefferson	14 F	ATHER'S NAME		MIDDLE		LAST		15. MOTHER	'S MAIDE	NNAME	ANDO	DIF		LAST	
NO   STATE OF DEATH (Enter only one cause per line for (a), (b), and (c).	1	_						Vic	ctori	ne					son
SCAUSE OF DEATH (Enter only one cause per line for [a], (b), and (c))   APPROXIMATE MITERAL STREET	16a	WAS DECEASED	EVER IN U.S. ARA		16b. SO	CIAL SECURIT	Y NO.	17. INFORMA	ANT			ADDRESS			
IB CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   PART I DEATH WAS CAUSE OF CAUSE (ATTERIOSCLEPOTIC CARDIOVASCULAR DISEASE     Conditions, if any, which gove rise to immediate couse (a) stating the under-lying couse lost.   DUE TO, OR AS A CONSEQUENCE OF (c)   PART 2 OTINES SIGNIFICANI CONDITIONS CONTENUED TO BLAIN BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART I (a).   PART 2 OTINES SIGNIFICANI CONDITIONS CONTENUED TO BLAIN BUT NOT WHICH OPERATION WAS PERFORMED?	,		WI TES, GIVE	WAR OR DAILS,	251	-32-94	02	Zelen	ne Hu	dnell	. 809	East	41s	t Stre	et
PART   DEATH WAS CAUSE OF CAUSE (of Arteriosclerotic cardiovascular disease   DIETO, or as a consequence of	F	18 CAUSE OF	DEATH (Enter an	ly ane cause per lin	e lar (a), (b	), and (c).)								APPROXI	MATE INTERVAL
death resulted from: Natural couses (A). Accident (A), Suicide (A), Homicide (A), Undetermined manner (A), TITLE (SPECIFY)  ACTUAL SIGNATURE (SPECIFY)  EXAMINER'S NAME (TYPE OR PRINT) (SIGNAD A)  MADDRESS 111 Ponn Stroot  230. BURIAL, CREMATION, REMOVAL (23b) DATE (SPECIFY)  BURIAL (SPECIFY)  230. NAME OF CEMETERY OR CREMATORY (SPECIFY)  BURIAL (SPECIFY)  230. LOCATION (CITYOR TOWN)  BURIAL (SPECIFY)  230. DATE REC'O. Md.  24. FUNERAL DIRECTOR (SPECIFY)  ADDRESS 1250. DATE REC'O. Md.	7	gave rise cause (a): lying caus	e to immediate stating the <u>under-</u> le last.	DUE TO, O				E OR CONDITION (	GIVEN IN PAI	RT 1 (o)					
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230. BURIAL, CREMATION, REMOVAL 23b DATE 23C. NAME OF CEMETERY OR CREMATORY 13d LOCATION COUNTY STATE BURIAL 1/19/84 Mount Zion Cemetery Baltimore Co, Md.  24. FUNERAL DIRECTOR NAME ADDRESS 250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE 1/1 AND		ACTUAL SIGNATURE_ EXAMINER'S N	d from: Natur	rol causes [X].	Accident Ne Y	nell_	icide M	TITLE (SPE	de [], ECIFY) stan	Undeter	CAL EXAMIN	ner,	DATE		<del>-</del> 84
BURIAL 1/19/84 Mount Zion Cemetery Baltimore Co, Md.  74. FUNERAL DIRECTOR NAME ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	23a.1	BURIAL CREMAT		30 301 1 1 1 1 1			-						COLI	NITY	CTATE
NAME ADDRESS ADDRESS		BURIAL		1/19/84	M	ount Z	ion C	Cemeter	У	Bal	timor	е			_
William C March F/H Inc. 1101 E North Avenue JAN 1 9 1984 John & Canal &	24.1		TOR	ADDRES	s			25			REGISTRAR	25h PEGIST	TRAR'S S	IGNATURE	
	Wi	lliam C	March F	H Inc. 1	101 E	North	Aver	nue	JAN	19	1984	John	4	L CAR	4



	1 -	FOR STATE REGISTRAR	DEPARTA	AENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE B 4;	0 (	) 3	9 9
		CEASED NAME FIRST	WIDDLE	L	AST	20. DATE OF DEATH		YEAR	2b. HOUR
1		Joseph	Λ.	DeLu		January 4,			5 AM
	1. SEX	Male	Caucasian	S. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTH	MONTH	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
36	C	RTHPLACE (STATE ORFOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED	Baltimore City o		EATH	MD.
Model	10. C1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME O	R OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON 12 F WORKING LIFE) IN	b. KIND O IDUSTRY	F BUSINESS OR
9		timore AL RESIDENCE (IF NURSING HOMIFO	1526 Takeside			drapery	install		
動	130 5	Md.	13c city or tow Balto.		YES 🔣 NO 🗌	1526 Lake	side Av	enue,	21218
Complete Com	14 FA	THER'S NAME Joseph	DeLuca		15 MOTHER'S MAIDEN NAME FORST ROSINA	WIDDLE	DeL	lca	T .
event, the medical		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 216-16-39		17 INFORMANT Mrs. Marie De	ADDRE		a Ave	21218
njury, ar ather traumatic eve		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A GONSEQUI	ENCE OF	NARY ARR 10N 1TIS AND	Vom pt		LOADI V	
'Andui	NOI	ASCVD.	CONDITIONS CONTRIBUTING TO	TEN.	SION				
duo sou	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES		
18 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2)	
is marked ar hem	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.]	211. LOCATION STREET	CITY OR TOW	/N C	OUNTY	STATE
		saw the deceased alive or above, (I) (we) (all ) (did no	ital) attended the deceased from  1 3 19 5	,	d that in (my) (au-) opinion	, to		from the	
II. If her		226 SIGNATURE	Oshfao			MEDICAL STAR	F IAN	22c. DATE	
MPORTANT: If hem 21		224 PHYSICIAN'S NAME (TYPE O	G. R-RI	40	3/28 HA		D, BACT	MOR	5. MS)
3	230. E	BURIAL, CREMATION, REMOVAL SPECIFY) Urial			emetery or crematory	23d. LOCATION CITY OR TOWN	Balto	· Me	STATE

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Joseph N. Zannino, 263 S. Conkline

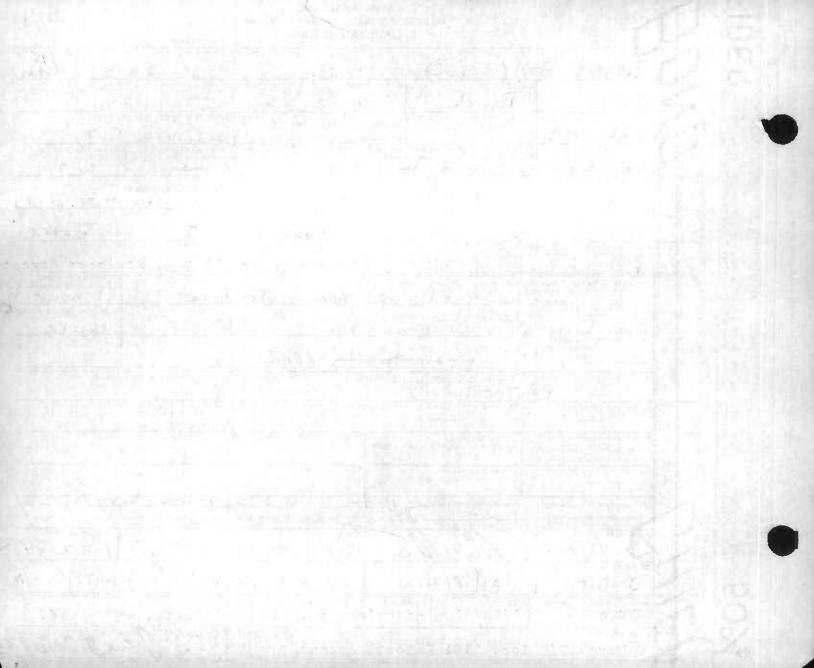
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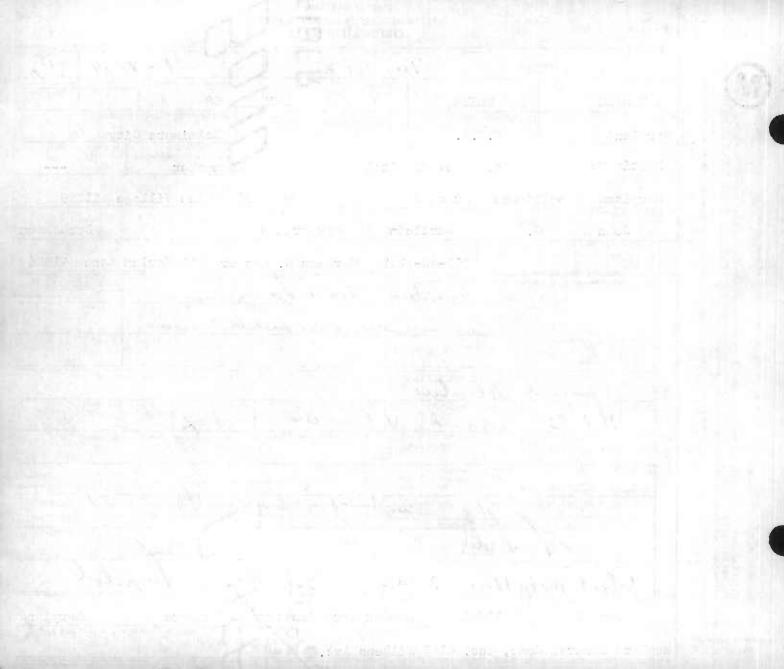
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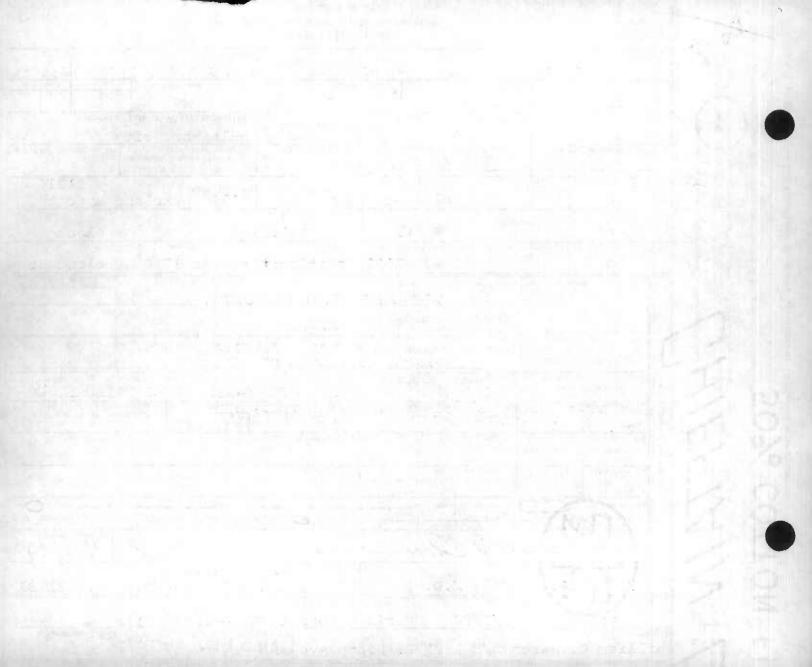
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X	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH								
	I. DECEASED NAME	NIDDLE LAST  DEPSER			2a. [	DATE OF DEATH	MONTH	8-84	26. HOUR		
(MA)	3 SEX	LOUISE 4 RACE			5. DATE OF BIRTH			BRTHDAY)	IF UNDER 1 YEAR	R IF UNDER 24 HRS	
Gar	FEMALE	WI	WHITE		9 6 189		88	YRS.	MONTHS DAYS	HOURS MIN.	
2 59 87	TO BIRTHPLACE ISTATE O	R FOREIGN 76. CITIZEN OF	WHAT COUNTRY?	8.	MARRIED NEVER MARRIED		9 BALTIMORE CITY OR COUNTY O			OF DEATH	
100000000000000000000000000000000000000	Maryland		St. Agnes Hos		WIDOWED TO DIVORCED DIG HOME OR OTHER INSTITUTION ADDRESS)  Spital			Baltimore City ME  12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker INDUSTRY			
by the fulled with	Baltimore	(IF NOT IN SU									
AND 21:	Maryland  Maryland	RSING HOME OR OTHER INSTITUTION 13b. COUNTY Baltimore	130 CITY OR TOW Arbutus		INSIDE CITY L	IMITS? 13e.S	STREET ADDRESS	ZIP COD	e age 21	.229	
ompletely on 2 th	J4. FATHER'S NAME FIRST John	G.	G. Hert1					MIDDLE			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120  ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours stapital or otherding physician.  CTOR, After this certificate has been signed by the otherding physician and completely filled in by 4 for use as the buriol-transit permit. Then please remove carbon papers. Pages, and 2 modid be filled in the Health and Mental Hygiene prior to buriol, remaining, or removal.  To I is marked or item 18 stabws any injury, or other troumotic event, the medical examiner pays he is a considered or item.	(YES, NO OR UNKNOWN)	R IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	213-48-	in the other					em Lane	21228	
	gove rise to in couse (a), state underlying cou	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
	21a, ACCIDENT WAS U	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED    19b. CONDITION FOR WHICH OPERATION WAS PERFORMED   20b AUTOPSY?   20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?   YES   NO									
	21d INJURY OCCU	RRED 21e. PLACE	OF INJURY  IREET, FACTORY, OFFICE, I		LOCATION		CITY OR	town	COUNTY	STATE	
	sow the deced obove, (I) (we)	22a. I certify that (1) (this hospital) attended the deceased from 1021, 193, to 194, that (1) (we) lost sow the deceased alive an 194, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not free the body after death.									
TAL OR by the hor by the hor detocher detocher hore Deprivate Depr		226 SIGNATURE  DEGREE  D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN  226 ADDRESS  227 ADDRESS									
TO HOSPIT. TO FUNER Should be a with the Str.	Rober	Robert McFadden A. SARDI St. agnes Hopetel									
BP	230. BURIAL, CREMATION SPECKY) Buria			Loudon I			Baltimo	re	COUNTY	Maryland	
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FUNERAL DIRECTOR	eral Home, Ir		21220	-		9 1984			7	



(VRA 15, 4)



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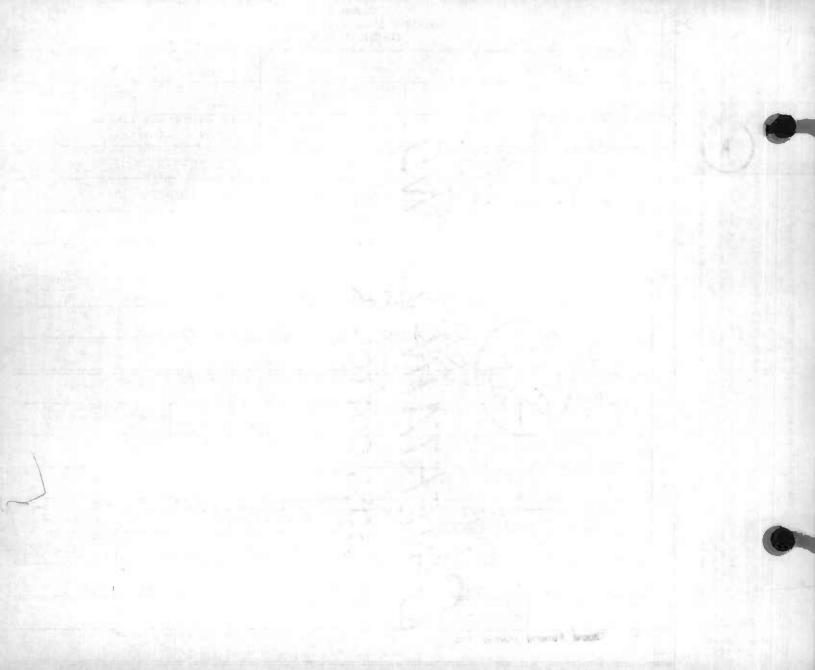
DHMH - 16 50M 4/83

(VRA 15, 4)

2b. HOUR JANUARY 10.1981 2.70n M IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 17h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Baltimore City Homemaker 13e STREET ADDRESS / ZIP CODE 405 Kingston Rd. 21229 Stone Ralph E. Detty-405 Kingston Rd. 21229 APPROXIMATE INTERVAL DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 221. DATE SIGNED DIRECTOR PHYSICIAN D 900 S. Caton Ave. Baltimore, Md. 21229 Friends Cemetery 1-14-84 Londonderry Ross Ohie 24 FUNERAL DIRECTOR Baltimore, Md. 21229 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE HUBBARD FUNERAL HOME, INC. 4107 Wilkens Ave.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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13	71.	FOR STATE REGISTRAR		DEPARTA	AENT OF HEAL	TH AND MENTAL HYG TE OF DEATH	IENE 8 4	0 0 7 0	) 6
		CEASED NAME FIRST		MIDDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR 26. HO	UR
7 50		RICH	ARD	R. DI	SSINGE	ER	01,	/ 15/ 84 6:	30pm
0 0 0	3. SE	Х	4. RACE		5. DATE OF BI		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER	ER 24 HRS
00	5	JALS	WHI	TE	NOV.	14. 1927	5h ,	RS. MOORS	Min.
- 12 NY		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	BALTIMORE CITY OR COL		
も野人	10	LOO.	11.5.1	A	WIDOWED		BALTIMORE	CITY	MD.
言語が	10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		THER INSTITUTION	12a USUAL OCCUPATION	12h. KIND OF BUSIN	
いいはかつ	,	BALTIMORE	2	OHNS HOP		HOSPITAL	JIME OF WORK FOR MOST OF WORK	TG. KOPPSRS	07
no A	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	I.GIVE RESIDENCE BEFORE		NICIDE CITY HAUTES	13e.STREET ADDRESS / ZIP (	218	234
A CONT	3	ERYLADO BALT	MORE	CARNIY		INSIDE CITY LIMITS?	2314 Covs RS	O BRIDG GE	HTAF
一	14. F.	ATHER'S NAME		141112	15.	MOTHER'S MAIDEN NA		DI BRIOG OV	117171
= 043	1	VSROS	AIDDLE	I SST CH	SR	LEONA	MIDDLE	BARE	
TE 3- 18		WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO. 17.	INFORMANT	ADDRESS	DEIN	
2 2 12 12	1	YES, NO OR UNKNOWN) (IF YES, GIV	WAR OR DATES)	174 20	3188	FAMILY	RECORDS		
2		18 CAUSE OF DEATH (Enter on		line for (a) this gar	dien 1	11111121	112011113	APPROXIMATE INT	ERVAL
- of the the	13	PART I. DEATH WAS CAUSE	BY:	Brain	= Ten	2 Intor	etion	17 decide	i/
3 2 2 2 3		1919 IMMEDIA	E CAUSE (o)		1	1-11/48		4 0.04	)
1		Conditions, if any, which	DUE TO, C	OR AS A CONSEQUE	NCE OF	v Home	rehoad	1200	15
		gove rise to immediate	(p)_		191141	114.740	)		
00 1 1 1 1 1		cause (a), stating the underlying cause last	1	MAS A CONSEQUE	NCE OF	N/ 1/11	mnr	6 mal	25
이 수 기원인 4		PART 2 OTHER SIGNIFICANT O	ONDITIONS C		DEATH BUT NO	T PELATED TO THE TERM	INAL DISEASE OF CONDITION	GIVEN IN PART LIGH	
1 11 11 1	Z		01.01101.0		501110	THE PROPERTY OF THE PERMIT	III AL DISEASE ON CONDINO	VOIVELV II VI ART TIO	
on)	CERTIFICATION	190 DATE OF OPERATION	196 COND	ULION FOR WHICH	OPERATION W	AS-PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS US	ED
hos be low hos be prime ene prime	F	D 1/2 (84)	Trott,	Juguar 10	6-m pry	14-1100	YES NO NO	ERTIFYING CAUSES OF DEA	
CIAN: The physicion of	ER	210 ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY	21:		RED (ENTER NATURE OF INJURY IN ITE		
CIAN Physical Colors of the co		OR CONTRIBUTING CAUSE OF DEA		.M. MONTH DA	AY YEAR				
IYS ding Me Me	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	211	I. LOCATION			
0 # 2 6 9	¥	WHILE NOT WHILE AT WORK	(AT HOME ST	TREET, FACTORY, OFFICE, F.	ARM, ETC )	STREET	CITY OR TOWN	COUNTY	STATE
VDING P or offer the of the ealth one		220 I certify that (I) (this haspi	al) putended t	he deceased from	and	11 1054	10 Jan 15	1984 that (1)	(we) ast
TTEN Pirol 10 of He 21 is		sow the deceased of we off	low	15 19 8	, and th	not in (my (our) opinion	death occurred on the date and		
4 % O D + E		obove, (I) (well did rid no 22b. SIGNATURE	view the bady	y atter death.	DEG	REE		22c. DATE SIGNED	D ./
4		1+0,00	or ale	11/m	2/	ATTENDING PHYSICIAN F	MEDICAL STAFF	1/5/8	-4
FUNERAL DOSTITAL TOTAL DOSTITAL DID by derivation of the State OSTANT:		224 PHYSICIAN'S NAME (TYPE O	PRINT	1	7 22	e ADDRESS	J / PHI SICIALY	1/1/2/-	1
D HOSPITAL Harred by 1 TO FUNERAL Hith He Store		C.061	4111	1		Tohns	1+motions	Hose pital	
0 f 2 f 1 g +	23n	BURIAL, CREMATION, REMOVAL	236. DATE	123c N	AME OF CEME	TERY OR CREMATORY	123d, LOCATION	11011111	
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	24 F	UNERAL DIRECTOR	NHI!	0 1 10 11 11	8800	250 DAT	E REC'D_BY REGISTRAR 25b, RE		111.
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR - STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO		) V	0 /
	CEASED NAME	hel Ph	ilip NODIE JOSE	ph.	DiVenti	20. DATE OF DEATH	1 / 23	8 4 2	5.30 A
3. SE		Ø 4. RAC		S. DATE C		6. AGE (IN YEARS LAST BIRTI	MDAY) IF UNI		IF UNDER 24 HRS
	Male		White		ch 6, 1923	60	YRS.		
	IRTHPLACE (STATE OR FI	OREIGN 76. CIT	IZEN OF WHAT COUNTRY	8. MARRIE	D MEVER MARRIED	9. BALTIMORE CITY OF		EATH	
	Maryland		U.S.A.	WIDOWE		Baltimore			٨
)0. C	Baltimore	J (18	AME OF HOSPITAL, NURSING NOT IN SUCH FACILITY, GIVE STREET  Mercy Hospital	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF Brick La	WORKING LIFE) IN		BUSINESS O
13a.	AL RESIDENCE (IF NURSI		NSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS 793 Iron	gate Ci	rcle 2	21784
	ATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE	100	Puzza	
160 \	Joseph WAS DECEASED EVER	IN U.S. ARMED F	DiVenti ORCES?   166 SOCIAL SEC	LIRITY NO	Petrina 17 INFORMANT	ADDRE:		dzza	
	YES NO OR UNKNOWN)	(IF YES GIVE WARD			Mrs Helen M		Same	As	13e
z	Conditions, if ony, gave rise to imm cause (o), stating underlying cause	which bediote g the lost.	UE TO, OR AS A CONSEQU (b)	ENCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR COND	DITION GIVEN IN	9/2 N PART 110:	c ps s
CERTIFICATION	190 DATE OF OPERAT	ION IS	PB. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEI		
MEDICAL CERT	21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEATH	P.M.	AY YEAR	21c. HOW INJURY OCCURE			OR PART 2)	NO []
MED	216 INJURY OCCURR	ILE []	LE PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE,	FARM ETC.)	211 LOCATION STREET	CITY OR TOV	(N C	OUNTY	STATE
	22a I certify that (1)		tended the deceased from, the body ofter death.  19  December 19	, 01	nd that in (my) (our) opinion of DEGREE  ATTENDING PHYSICIAN	deoth occurred on the do			ot (I) (we) lo
	226. PHYSICIAN'S NA	E AM	OS DOBYN	5-	3018 P	and Place	Galfo	, Mel	
	BURIAL, CREMATION, (SPECIFY)  Burial		1/26/84 23c.		ns Of Faith	23d LOCATION Baltimo	ore, Mar	ÿland	STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

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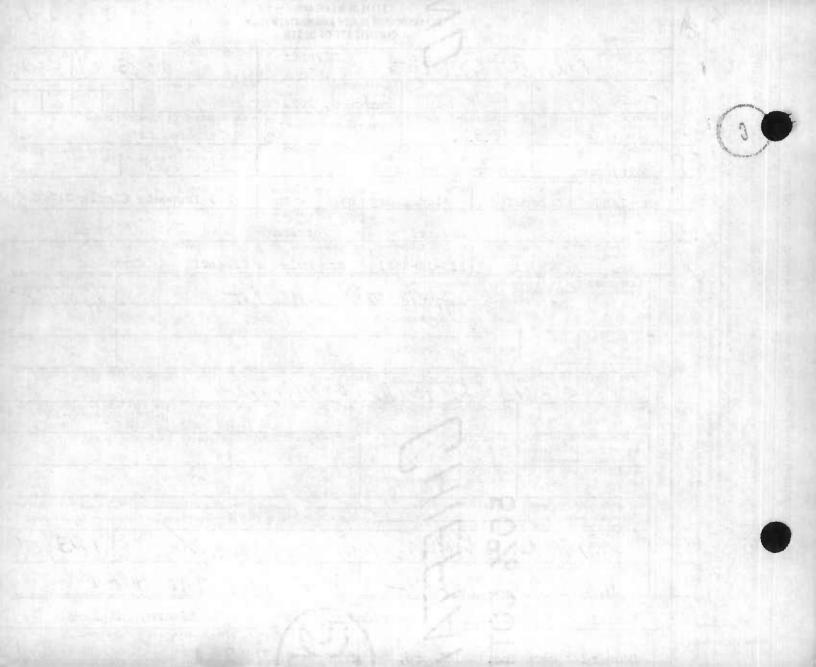
TO FUNERAL DIRECTOR:

should be detoched for with the State Dept. of

24 FUNERAL DIRECTOR

1/26/84

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS



A LUIS NAME .

January 16, 1991 - 2:10 P	orizons .	The r	uetle -	rate and the second
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N		1 -	FOR STATE REGISTRAR	DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	ENE B A	0091	0
0	101.74	I. DEC	CEASED NAME FIRST	MIDDLE	i	AST		AONTH DAY YEAR 26. HO	UR
	of 3	(TYPE	ORPRINT) MANNIE	2	7	NOX	J	an. 3 1984 17.	35 PM
		3. SEX	female	4 RACE Black	S. DATE O		6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS	AIN
			RTHPLACE ISTATE ORFOREIGN DUNTRY) TO OACH DIFFINIO	76 CITIZEN OF WHAT COUN	MARRIE WIDOWE	NEVER MARRIED A	BALTIMORECITY OI	COUNTY OF DEATH	MD.
10		10 CI	Alfmore	11. NAME OF HOSPITAL, N	STREET ADDRESS	ROTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		IESS OR
ND 212	filled ould b	130 S	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN	OTHER INSTITUTION, GIVE RESIDENCE BY BOLLY OF		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	cman ST:	
MARYLA	mpletely ond 2 sh	14 FA	LEON LEON	MIDDLE BELAS	ru	15 MOTHER'S MAIDEN NAM		CLAST	
BALTIMORE, MARYLAND 2120	on and co		VAS DECEASED EVER IN U.S. AR (IF YES, GIVE	MED FORCES? 166 SOCIAL 252-	SECURITY NO.	Marvin M. Berr	3140 Solles	city Utaka 84	119
201 W. PRESTON ST., BAI	that the death certificate d by the attending physici lease remove corbonpaper (a), cremation, or removal, or other troumatic event, th		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last	lly one couse per line far (o), ( D BY: FE CAUSE (a)  DUE TO, OR AS A CONS (b)  DUE TO, OR AS A CONS (c)	ration SEQUENCE OF ELCOL	preumonta execonomo	a of Lary	APPROXIMATE WILL BETWEEN ONSET AN  I day  In X 3 mony	HS.
DIVISION OF VITAL RECORDS, 20	been signermin. Then plantion to burn only injury, o	CERTIFICATION	PART 2. OTHER SIGNIFICANT (	196. CONDITION FOR W		11000	NAL DISEASE OR COND 20a AUTOPSY?	OTION GIVEN IN PART 1(a)  20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA	
AL R	he le	F					YES NO	YES NO	
OFVITA	tysician: The dring physicians is certificate buriol-transit Mental Hygien or Item 18 sha		21a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	LIGHT A ST. MONITE	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	(IN ITEM 18, PART 1 OR PART 2)	
IVISION	ING PHYSI r offending After this ce os the buri th and Mei	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	N COUNTY S	STATE
	Spitol o Spitol o CTOR: A for use of Hea		220 I certify that (1) (this hospi sow the deceased alive on abave (1) (we) (did) (did na	tol) attended the deceased f		. 0	eath accurred on the da	te and hour and from the causes st	(we) last tated
			22b. SIGNATURE	chom Ha	n	ATTENDING PHYSICIAN	MEDICAL STAF		4
	PO FU		Chong Cho	cn HAN		2600 Libe	rty Height	, Baltmore, Me	di
	5 5 4 3 8	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION EITY OR TOWN	COUNTY 212/5 ST	TATE
	BP		Burial	11-7-84	Baltu	nove National	0110	$\sim$	d.
	DHMH - 16 50M 7/77 (VR A 15 (4))	24 FL	INERAL DIRECTOR	AOS DIA E HADDRE	ss 1913 V	Balto 250. DATE	REC'D. BY REGISTRAR 2	Sh. REGISTRAR'S SIGNATURE	

8	1	FOR STATE REGISTRAR	DEPART	MENT OF HE	OF MARYLAND ALTH AND MENTAL H CATE OF DEATH	HYGIENE 3 REG. N	0 0	9
		CEASED NAME FIRST	WIDDLE	Į.A.	ST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
7 77	1	MYRN MYRN	A Beverly	DOR	KINS		01 06 84	6.15AN
	3. SI	x Female	RACE Black	5. DATE OF	SIAY ZAM	6. AGE (IN YEARS LAST BI	MONTHS DAY	
ENI OF	7a. E		76. CITIZEN OF WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	
U		Maryland	U.S.A.	WIDOWE		□ Baltimore	City	M
The state of		TITY OR TOWN OF DEATH  Baltimore	11. NAME OF HOSPITAL, NURSIE (IF NOT IN SUCH FACILITY, GIVE STREET Sinai Hospital	T ADDRESS)	ROTHER INSTITUTION	(TYPE OF WORK FOR MOST HOUSEWIFE		
24 hour	13a	JAL RESIDENCE LIF NURSING HOME OR STATE 136. COUN		VN I	13d. INSIDE CITY LIMITS	? 13. STREET ADDRESS 5506 Cadi	llac Ave.	1007
1 12 12	14. F	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN		Harris How	LAST
			Elmer Addiso	n	Evelyn	MIDOLE B.	Sm	ith
died de		WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) (1F YES, GIV	MED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	ESS	
Poge.		No	218-36-0	764	Vernon R.	Dorkins 550	6 Cadillac /	Avenue
n. no sequires that n. no sequires that n. no seen signed by in permit. Then please ne prior to burial, cr. ws any injury, or oth	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF	196. CONDITION FOR WHICH			20a AUTOPSY?	20b. IF YES, WERE FINI	DINGS USED SES OF DEATH?
ED 0 D	1 2	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		11: HOW IN HURY OCC	YES NO	YES	NO 🗌
ng physical certificate ariol-tronsi ental Hygi hem 18 sh	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	DAY YEAR		CURRED (ENTER NATURE OF INJI	JRY IN ITEM 18 PART   OR PART 2	7
After this e os the bu	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM. ETC }	211. LOCATION STREET	CITY OR TO	04.	STATE
CTOR: for us of He		saw the deceased alive on	tal) attended the deceased fram.	84, on	d that in (my) (our) opin	ion death occurred on the c	lote and hour and Irpm th	e, that (I) (we) last he causes stated
DIRE he he he he he cochec		22b. SIGNATURE Anuah	a Belani	С	PEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF 1	-6-8
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BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	Jan. 11,1984	Woodla	METERY OR CREMATOR	CITY OR TOWN	Baltimo	re Md.
OHMH - 16 50M 4/82 (VRA 15, 4)	24	UNERAL DIRECTOR NUTTER and Sons Funeral Home. To	- ADDKESS			DATE REC'D. BY REGISTRAF	256. RESISTRAR'S SIGN	ATURE CALLY

• A • • 1 ndence from ASCI, into Tolkster Till. Author the Same State Former F 11a Park

10	1 -	FOR STATE REGISTRAR		DEPARTI		EALTH AND MENTAL HY ICATE OF DEATH	GIENE REG. N	10.	0 /	2
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172 J		country)	U.	S.A.	WIDOWE			City		
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3 3	Ba	ltimore		CHEACHITY, GIVE STREET		oital	Carpenter		Penna.	R.R.
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or of			(c)_							
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hed hept.		226. SIGNATURE	//	0		DEGREE			22c. DATE S	IGNED
T: F		Andre.	in yang	MID		ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN P		
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sh w ₹	23a. P	JURIAL, CREMATION, REMO	VAL 23b. DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	23d, LOCATION			
	- (	Burial	1/7/8			n Cemetery	Baltimor	Α.	COUNTY	land
	24 FL	INERAL DIRECTOR Dud			л Llaw!				PAR'S SIGNATU	
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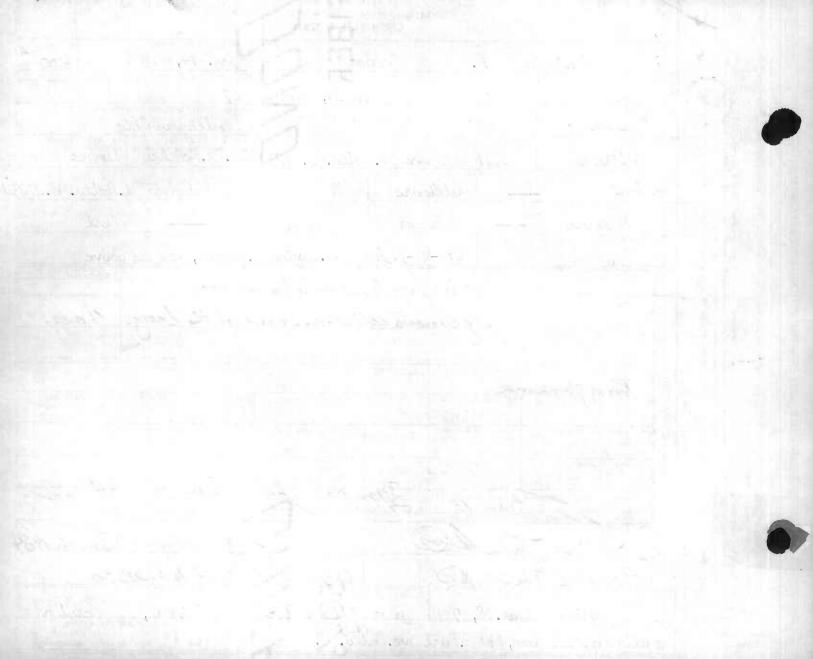
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. MONTH 2h HOUR (IN YEARS LAST BIRTHDAY) IF LINDER 1 VE AR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH Baltimore. 17h KIND OF BUSINESS OR Soc. Security INDUSTRY Green ADDRESS Ms. Karlita Johnson (Same as #13.) APPROXIMATE INTERVAL 15 min. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21c. HOW INJURY OCCURRED (ENIER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) apinion death occurred on the date and hour and from the causes stated DIRECTOR PHYSICIAN COUNTY STATE 1/31/84 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE la Baltimare Anobus BOATO

DHMH - 16 50M 1/B1 (VRA 15, 4)

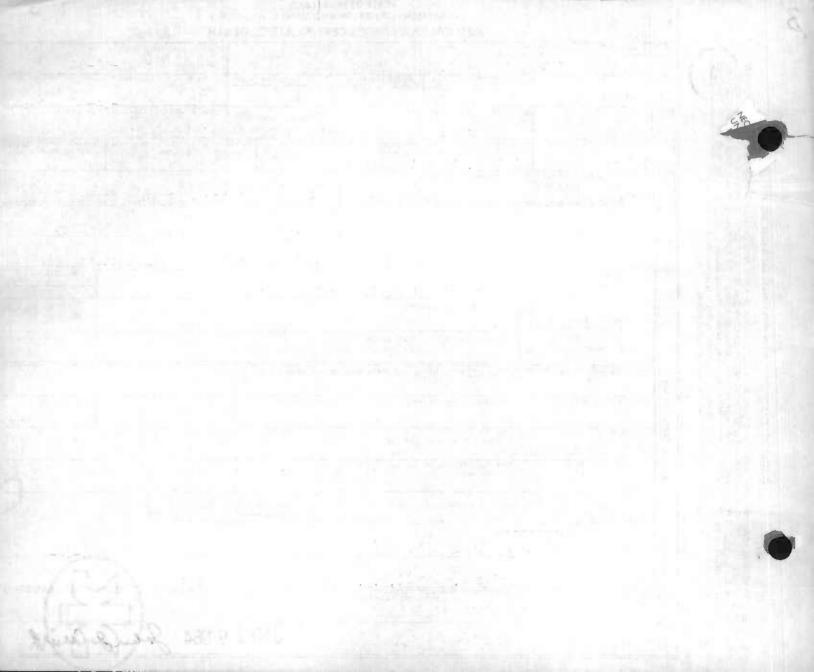
24 FUNERAL DIRECTOR

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10	FOR 1 - STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 4 0	914
	1. DECEASED NAME FIRS	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
noo de	Benja	omin F.	Drager	Jan. 14, 196	84 6:00 m
m od	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	Male	White	April 23, 1916	67 YRS.	
ordin. Pe	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Waryland	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT Baltimore (	ity MD.
by the fu	Baltimore	(IF NOT IN SUCH FACILITY, GIVE ST	sca St. Balto. Md. 2123	120 USUAL OCCUPATION 1779E OF WORKING I Ket. Ft. McHenry	126. KIND OF BUSINESS OR INDUSTRY Lumber & Saw
AND 212 filled in could be	USUAL RESIDENCE (# NURSING HO 130. STATE 130. C	ME OR OTHER INSTITUTION GIVE RESIDENCE BE OUNTY 134 CITY OR T	FORE ADMISSION)  OWN  13d INSIDE CITY LIMITS?  YES ON O	130 STREET ADDRESS / ZIP COU 1711 Patapsco	St. Balto . Md. 21230
MARYLAND 2120 red within 24 hours ampletely filled in by and 2 should be fill be admined muschen	14 FATHER'S NAME Theodore		ger Mary	WIDDLE	Kent
ORE,	160 WAS DECEASED EVER IN U.			ADDRESS	
BALTIMORE cate be execu ysician and a opers. Pages vol. tr, the medico	No	215-6	11-7154 Mrs. Lavina	M.Drager, Same a	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RDS, 201 W. PRESTON ST equires that the death certi n signed by the attending F Then please remove corban to burial, cremotion, or ren injury, or other froumatic ev		DUE TO, OR AS A CONSE	ous cell sercen or		IVEN IN PART LIGHT
The law roon, the permit.	190. DATE OF OPERATION		ICH OPERATION WAS PERFORMED	YES NO NO	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \( \text{NO} \)
DF VIT	OD CONTRIBUTION CAUSE	DEDEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART ) OR PART 2)
DIVISION OF VITAL RECORDS, ING PHYSICIAN The law require of the relation payments on the burlet man been signed by the burlet man been in the relation of the burlet have prior to be orked or them it have prior to be orked or them it have sony injury or orked or them.	4 FETHER NOTIFY MEDICAL EXA	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
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O HOSPI to Funet b thought be with the 5	GEORGE	TALBR, M.D.	600 Light	St. Balt. Nd. =	1/230
BP	230. BURIAL, CREMATION, REMO ISPECIFY) Burial	236 DATE 236 DATE 2	Gedan Hill (emeter)		Maryland STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FUNERAL DIRECTOR McCully Funeral	Home, 130 E. Font	55 Ave. Balto. Md. 250. DA	TE REC'D. BY REGISTRAR 256, REGIS	TRAN'S SIGNATURE



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TON TEAM		1420	7 > IMMEDIA			EQUENCE OF	Calui	Oyascu	al urseas	e		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, WE THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH E. WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, GIVE PAGES I WARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM, PRAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT, PAGES 1 AND STATE DEPARMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VIOLENING RENOVAL.			ns, if any, which									
W.W. WING		cause (a)	stating the under-	< '.	AS A CONS	EQUENCE OF	55			SETT		
201 NATE AND		lying cau	ise last.	(c)								
BEEC BEEC CAL CAL BUING WATI		PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELAT	O TO THE TERMINAL	OISEASE OR CON	IDITION GIVEN IN PA	RT T (a).			
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PIV HIS CI WRITE WRITE WRE DE SI	×	AT WORK	NOT WHILE	STREET, FAC	TORY, FARM, ETC	-)	STREET		CITY OR TO	WN	COUNTY	STATE
THE V				ge of the remains de	scribed abov	e held an	Autopsy	], Inspectio	in XX Inquiry	[] and u	n my apinian	
MEDICAL EXAMBRER. CLITE THE CERTIFICATI OR 4 SHOULD BE FOR FUNERAL DIRECTOR. ER, DEFIN WITH THE ER, DEFIN WITH THE		death result		ral causes ,	Accident	, Suicide		famicide .	Undetermined m			
CERTIFICATION OF THE PROPERTY			Alm	- h	U.	1 00	TIT	LE (SPECIFY)				
DICAL B TETAL SECTION OF STATE	Contract to the contract to th	ACTUAL SIGNATURE.	MANA	parte by	2 10	mell	M.DA	ssistar	MEDICAL EXAM	AINER	SIGNED 1-14	-84
POPE DE		EXAMINER'S	NAME M	argarita	A Kor	all M D		1.1	1 Penn St	root		
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20AA 4/82												



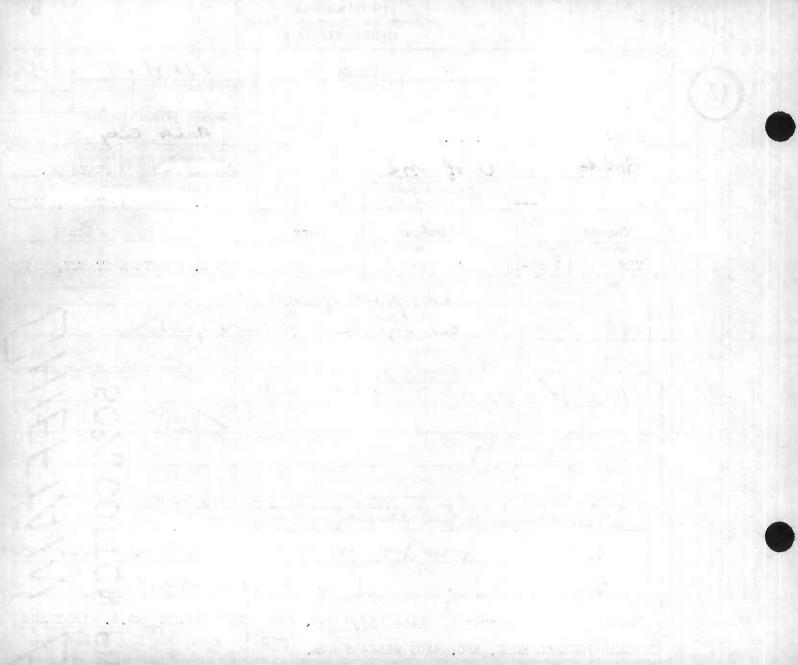
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F 12 20		John J.		MIDDLE	Drexler		Mary	MIDDLE	Ebar	LAST IIA?	
	160 V	VAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRES		uo1	
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A 2 2111	0	cause (a), stating	g the	DUE TO, O	R AS A CONSEQUE	NCE OF					
o d do				(c)							
P. C.	z	PART 2 OTHER SIGN	IFICANT C	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDI	ITION GIVEN IN	PART Ito	
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3 4 6 6 6	FICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WEF	RE FINDINGS L CAUSES OF D	JSED EATH?
4 28 20 11 1								YES NO	YES 🗌	NO	
3 3 3 9 F B	CERT	210. ACCIDENT WAS UND			DFINJURY .M. MONTH DI	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I C	OR PART 2)	
0 00 111	3	(IF EITHER NOTIFY MEDIC		in .	.M.	19					
O HE STATE	MEDICAL	21d. INJURY OCCURR	ED		OF INJURY		211 LOCATION	CITY OR TOWN		OUNTY	STATE
DIVISION OF VITAL RECORDS NG PHYSICIAN: The law requirements of the three physicians in the buried fromit permit. The h and Martial Hygienic prior to law and Alexand Hygienic prior to law and Alexand Hygienic prior to law and a firm. IB shows any allow	ž	AT WORK   NOT WH	LE 🗌	(AT HOME ST	REET, FACTORY, OFFICE, F	ARM ETC )	STREET	CITY OR TOWN		OUNIT	STATE
G 4 4 5 5 6		220.1 certify that (1)	(this haspit	ral) attended th	ne deceased fram_		1975	_, toJAN	. 198	that (	11 (we) last
FE 035 C	133	saw the decease				1 . ar	nd that in (my) (our) opinion	death accurred an the date	e and hour and		
41 4111		22b. SIGNATURE	id) (did not	l new the bady	after death.	•	DEGREE			22c. DATE SIGN	ED
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8P	1	SPECIFY)						CITY OR TOWN	COU		STATE
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(VRA 15, 4)	a da l	mino Funer	ral H	ome, 20	5 S. Cont	line	ST JAI	1 0 1304	7000	- war	A.

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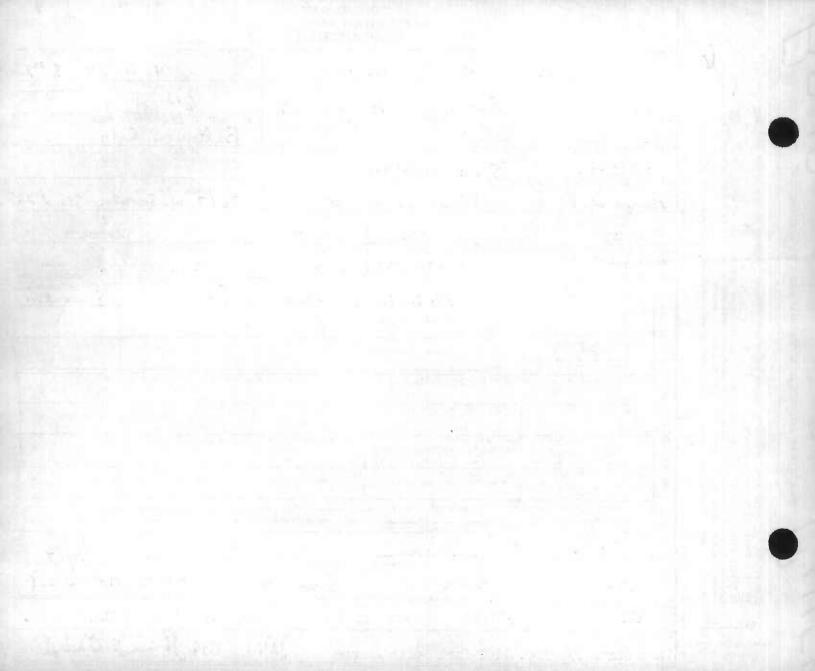
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		FOR STATE REGISTRAR		DEPARTA	NENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	IENE B 4	0 0 9	17
B)		EASED NAME FIRST	E.	DUDICK	LAS		Za DATE OF DEATH MONTH	DAY YEAR	26. HOUR
a other p	I. SEX	MALE	4 RACE (Uh	ite	5. DATE OF	BIRTH 12 - 1912	January 24  6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAY	
19		THPLACE CLIATE OR FOREIGN	76. CITIZEN OF	HAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED A	9 BALTIMORE CITY OR COU BALTIMORE C	TTY	MD.
23	BAI	TIMORE	VA"MEDT	CALTY CENTE	R BALT	OTHER INSTITUTION  TMORE MD	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST O WORK)	NG LIFE) 12b. KIND INDUSTR	OF BUSINESS OR
15	13a. 51	PA VC	hester	GIVE RESIDENCE BEFORE 13c. COOP TOW HOLA		34. INSIDE CITY LIMITS? YES NO 🗌	13e.STREET ADDRESS / ZIP	ST. 4	9363
13	1002	HER'S NAME	MIDDLE	LAST	300	5. MÖTHER'S MAIDEN NA FIRST	UNK	t	AS1
3	lão W	AS DECEASED EVER IN U.S. A	RMED FORCES?	190 16 9		MAN LOW PA	Rev 625,3	onder o	fed to 193
se burial, cremation, a ajury, ar ather troumot	NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost  PART 2. OTHER SIGNIFICANT	(b) DUE TO, OF	R AS A CONSEQUE  R AS A CONSEQUE  CONSEQUE  CONSEQUE  CONTRIBUTING TO D	My He	Art Disease  Artherence OT RELATED TO THE TERM	PISES IN AL DISEASE OR CONDITION	I GIVEN IN PART	lta
and and	CERTIFICATION	90 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION	WASPERFORMED		F YES, WERE FIND ERTIFYING CAUS YES	
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Library and the same W. John B. Carely. "



./	1 -	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYO ICATE OF DEATH	REG. NO.		
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Balto., Md.

Anatomy Board

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE

The state of the s All 20184 John D. Christ

	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF HE	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE REG. NO	).	0 7	Es die
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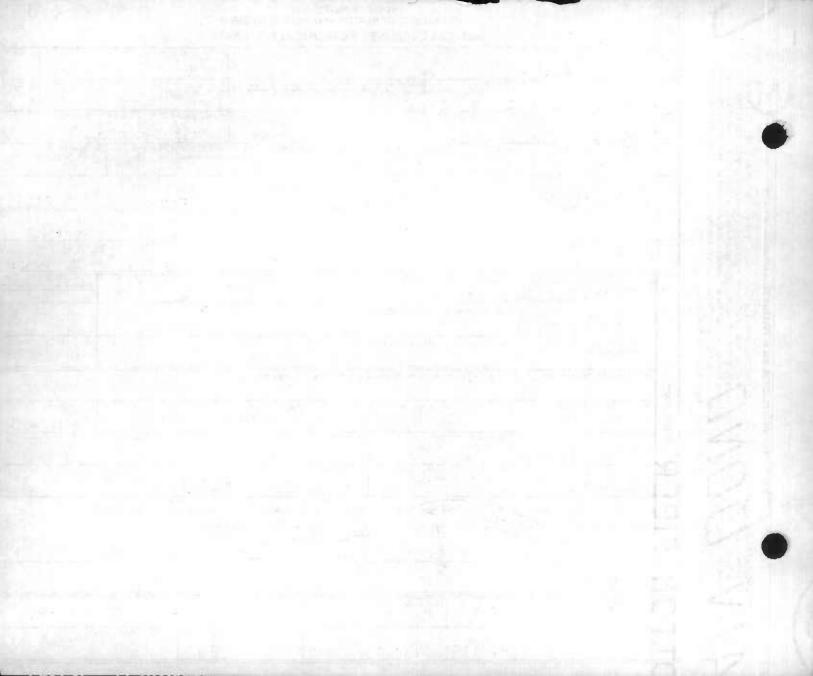
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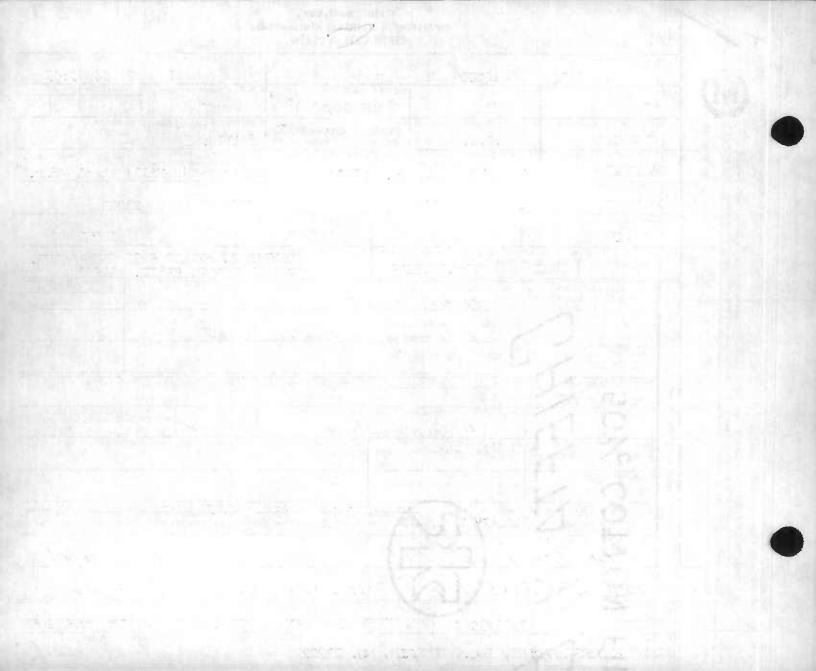
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RE AFTER DEATH. RE AFTER DEATH. B. GIVE PAGES 1, WITH FORM PM. MYTH FORM PM. T. PAGES (AND 2) DIVISION DEATH.	160 WAS DECE (YES, NO, OR U NO	ASED EVER IN U.S. AR	MED FORCES? E WAR OR DATES	216·	- 01 - 734	). 17. INFOR			E. ADDR	AL	Chapp t. 313 loyal A	3
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TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST BATTER DEATH, WITH THE ST	ACTUAL SIGNAT	ER'S NAME	Thomas D.	Smit	h, M.D.	LITLE (S		Undetermini ie£ <sub>EDICALI</sub> Penn S	EXAMINER	DATE SIGN		84
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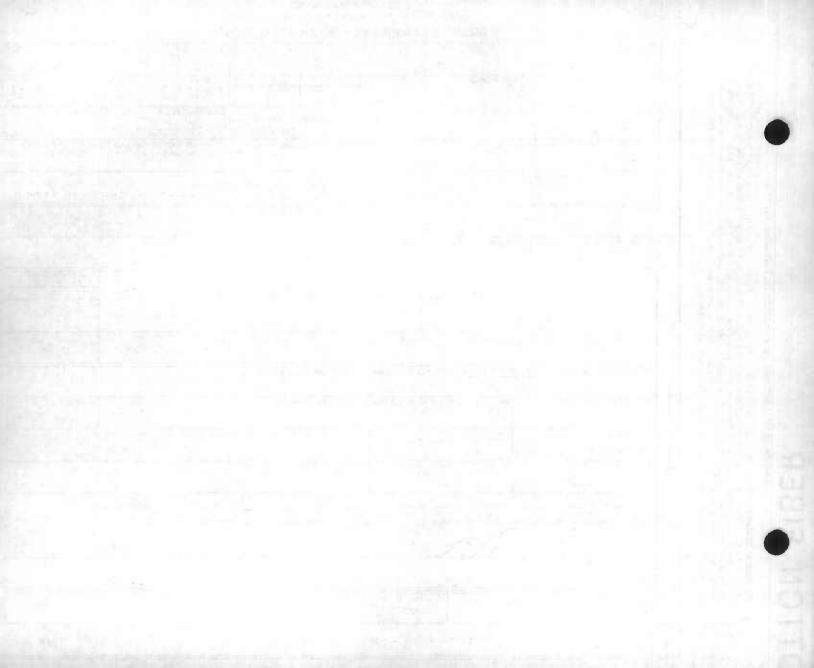


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	ou M	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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	eb.	10 CITY OR TOWN OF DEATH		WIDOWED DIVORCED GHOME OR OTHER INSTITUTION	120, USUAL OCCUPATION	12b. KIND OF BUSINESS OR
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PRESTON ST	or is other	4100	DUE TO, OR AS A CONSEQUE			
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	TTEN Sitol TOR For u	saw the deceased alive	not) view the body after death.	, and that in (my) (our) opinio	n death occurred on the date and	hour and from the causes stated
	OR A DIREC DIREC Dept f frem	22b. SIGNATUR	not i view the body diret dediti.	DEGREE		22c DATE SIGNED
	J = J + 6	Why	Karamschho	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	1-9-84
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DH	MH - 16 50M 4/82	24 FUNERAL DIRECTOR Henr	y W. Jenkins &	JOI B CO.	ATE REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE
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3	7	1 -	FOR STATE REGISTRAR			DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL IFICATE OF DEATH	LHYGIENE	REG. NO.	0 0	931
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o e e	shows	Ĕ						YES 🗍	NOT	TIFYING CAUSES	NO
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ding	A Me	MEDICAL	21d. INJURY OCCURR		21e. PLACE OF INJ	URY	211 LOCATION				
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ATTENDIN Sspital or	of He us	1	sow the decease	d olive on	1/23	19 29	, and that in (my) (our) op	oinian death accur	ed on the date and h	nour and from the	
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			BURIAL, CREMATION,	KEMOVAL	£3b. DATE		F CEMETERY OR CREMAT	СП	YORTOWN	COUNTY	STATE
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(VRA	15, 4)	R	ick Towson	Funer	al Home. I	nc. Towso	n.Md.21204	ANGIN	307		





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	日本	76 BIRTHPLACE (STATE OF FORM) COUNTY OF	VE CHIZEN OF WHAT COUNTRY?	MARRIED   NEVER MAR	RIED   BALTIMORE CIT	Y OR COUNTY OF	PDEATH	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE.	S AFTER DE GIVE PAGE VITH FORM PAGES 1 A	THE WAS DECESSED EVER IN U.S.	ARMED FORCES? IM SOCIALS	SECURITY NO. NEORMANT	RAA ADOI	Boots	Mes	1230
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80	IS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. RRDED TO THE CHIEF MEDICAL EXAMINER ALONG W GE 3 SHOULD BE USED AS A BURAL- TRANSIT PERMIT. IT DEPARTMENT OF HEALTH AND MENTAL HYGERE, D SOI PROR TO BURIAL, CREMATION, OR REMOVAL.							
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20		WHILE NOT WHILE	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY		STATE
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	WIN SE	death resulted from	ajojojegovet &	Momicide	Undetermined manner			
	CERTIF CERTIF JID BE DIREC WITH AARYL	/	1117 4/14	TITLE (SPECIFY)				
	A THOUSE	ACTUAL SIGNATURE	U DAM / /W	Mr Deputy C	hiefedical ExaminER	DATE SIGNED	1/29/8	34
	SHOE SHOE		10010			3KINED		
	WEDI CUTE WOOD	EXAMINER'S NAME (TYPE OR PRINT)	Thomas D. Smit	h. M.D ADDESS 1	ll Penn St.	Balto.,	Md.	
	TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORM. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALLMORE, MARYLAND, 2.			ADDRESS L	THE TOTALISM		2 2 22	11 3
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Wm CME March F/H Inc. 1101 PORE North Avenue

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83

(VRA 15, 4)

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2a. DATE OF DEATH

REG. NO

26 HOUR

17b. KIND OF BUSINESS OR

21213

Ellis

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATI

NO [

Md.

COUNTY

22c. DATE SIGNED

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IF UNDER TYEAR

INDUSTRY

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IF UNDER 24 HRS

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	5	1.	FOR STATE REGISTRAR	DEPART	- TA	ICATE OF DEATH	GIENE REG. NO		0 7 0 4
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	2 76		ORPRINT) MARY		ELL	15		12.	1984 215PM
	+ 25	3. SE	7	RACE	5 DATE C	DF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAYI IF UN	NDER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.
	I (MIZ	70. B	RTHPLACE (STATE OR FOREIGN 7	LITIZEN OF WHAT COUNTRY	8	24 1931	9. BALTIMORE CITY O	YRS.	DEATH
			OUNTRY) MD	U.S.	MARRIE	D NEVER MARRIED DIVORCED	PALTO	City	MD.
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MARYL	The state of the s	14. F	TAMES BET	AST VNET		15. MOTHER'S MAIDEN NA	AME MIDDLE		STARKS
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	on ond on the property of the			MED FORCES? 166 SOCIAL SEC WAR OR DATES) 216 34		Mr. John E	Ilis 1801 E	ss Barclar	1 8+ 21202
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L RECO	A permit	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING	ERE FINDINGS USED G CAUSES OF DEATH? NO  NO
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	O HOSPITAL O FUNERAL Nould be det with the State	No.	22d. PHYSICIAN'S NAME (TYPE OR	SALVATE	RRA	27e ADDRESS	OF MD	Ho	SPITAL
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	DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR	ADDRESS	1./	250 DA		25b. REGISTRAR	
	(VRA 15, 4)	J	OSEPH. L. RUSS	2222 ADDRESSY.	NOYT	n Hue	AN 1 2 1984	Jo au	Shell

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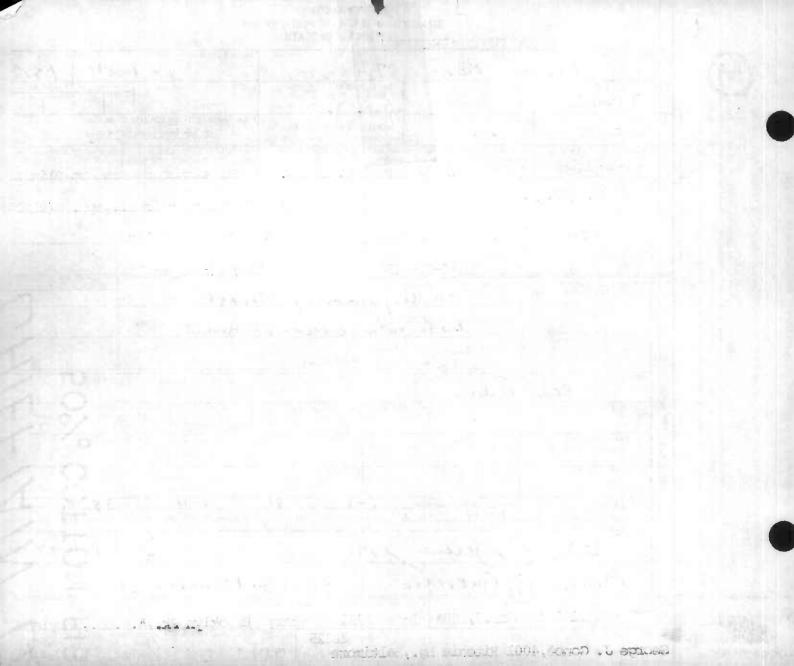
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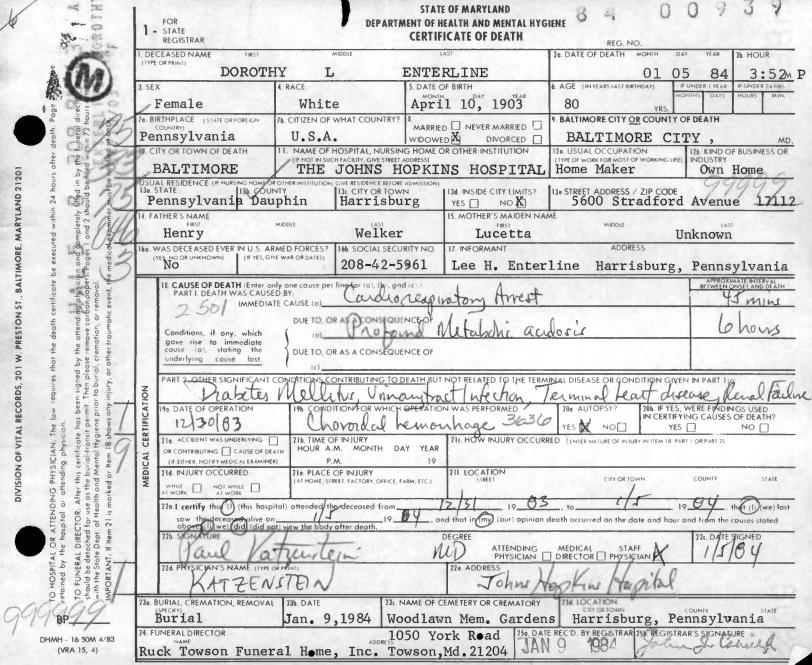
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(VRA 15, 4)

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10	STATE OF MARYLAND  1 - STATE REGISTRARLUREAH MARIE EMMINIZER CERTIFICATE OF DEATH  REG. NO.  STATE OF MARYLAND  REG. NO.
	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 20. HOUR
4(54)	Lured Marie Emminizer 1-4-84 1:52#
ge 4 mo	3. SEX Temale  4. RACE WHITE  5. DATE OF BIRTH MONTH DAY YEAR OCT. 5.1918  6. AGE (IN YEARS LAST BIRTHDAY) MONTHS DAYS HOURS MIN. FOR STATE OF BIRTH MONTH DAY OCT. 5.1918  6. AGE (IN YEARS LAST BIRTHDAY) MONTHS DAYS HOURS MIN.
leath. Pa	76. BIRTHPLACE (STATE OF FOREIGN TO LOUNTRY? BARRIED AND NEVER MARRIED AND NORCED BALTIMORE CITY OF COUNTY OF DEATH WIDOWED DIVORCED MID.
op the funditied	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION (IT YOF OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  Supervisor Rastern Blinds
ND 212 24 hour 24 hour wild be f	USUAL RESIDENCE (IF NURSIII) I ME OR OTHER INISTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  130. STATE  Md  110. CITY OR TOWN  130. INSIDE CITY LIMITS?  130. STREET ADDRESS
d within of within appletely to and 2 sloot	14 FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE LAST  LAST
BALTIMORE, A control of control of control of control of control control of c	James Milton Sanders Mary Helen Williams  160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS  NO 218-22-3234 Maryin Emminizer (same as 13e)
IECORDS, 201 W. PRESTON ST., E low requires that the death certificates igned by the attending phy mil. Then please remove carban po prier to burial, cremation, ar remove and injury, or ather traumatic event	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  210 AUTOPSY?  YES NO YES NO YES NO NO  210 TIME OF INJURY  211 TIME OF INJURY  211 TIME OF INJURY  211 TIME OF INJURY IN ITEM 18 PART 1 OR PART 2)
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir or attending physicion. After this certifical home is signed to such buriol-tron to such buriol-tron hith and Mentol Hyange prince to be norked or frem 18 from the prince of the principle	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  NOT WHILE AT WORK  AT WORK  AT WORK  NOT WHILE AT WORK  AT WORK  THOMA A.M. MONTH DAY YEAR  P.M.  19  21f. LOCATION  STREET  CITY OR TOWN  COUNTY  STATE
O HOSPITAL OR ATTEND eronned by the hospital of TO FUNERAL DIRECTOR: should be detached for use with the State Dept. of Head WARD MAPORTANT: If them 21 is an expectation of the state of t	228. I certify that (I) (this haspital) attended the deceased fram
BP	23a. BURIAL, CREMATION, REMOVAL (SPECIFY) FAILMENT Jan. 7,1984 Cedar Hill Cemetery Brooklyn Pk., A.A.Co., Maryland
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 FUNERAL DIRECTOR  George J. Gonce, 4001 Ritchie Hg., Baltimore  21225  Z10 DATE REC.D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  ADDRESS J. MARKET J. MARK



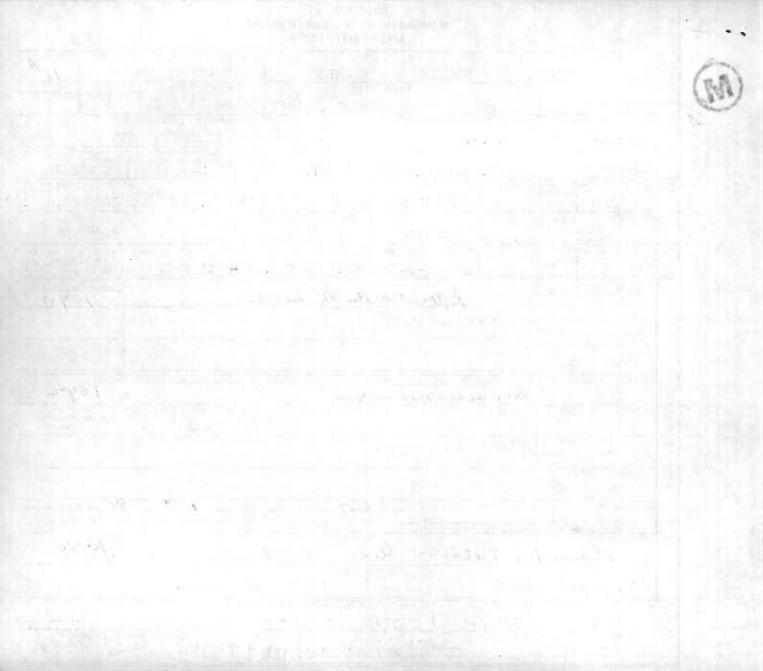


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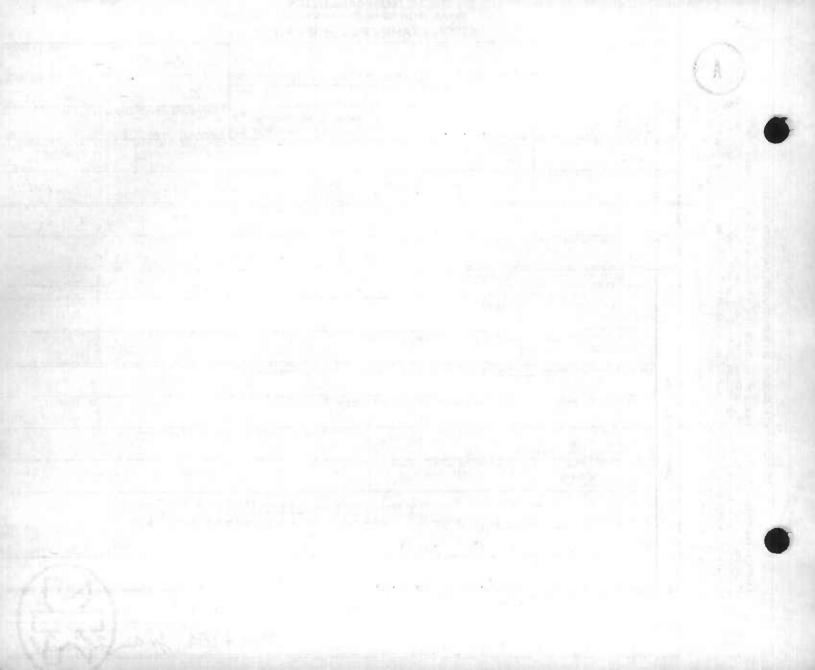
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)



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		arylan			Balt	imore	YES 🔀	NO 🗆		Elgin	Avenu	e 21	216
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, BALTIMORE, RES AFTER DEA S. GIVE PAGES MITH FORM P P. PAGES! AN DIVISION OF V	0	YES, NO, OR UNKNO NKNOWN	OWN) (IF YES, GIVE	WAR OR DATES)		24-857			andy	101 D		ourt	
20310		18. CAUSE C	OF DEATH (Enter on	ly one couse per line	for (o), (b), one	(c).)						APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
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E SE	1	SIGNATURE	100000	pro vie	0 4.9	-	M.D.Assi	STANT	MEDICALE	(AMINER	SIGNED_	1-20-8	14
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE: PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFFER DEATH, WITH THE SIT BALLIMORE, MARYLAND, 2		EXAMINER'S (TYPE OR PRI	NAME Marga	arita A. k	Corell,	M.d.	_ADDRESS_	111 F	enn ST	reet			
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BP	24 F	UNERAL DIREC	CTOR F/H					25a. DATE RE	C'D BY REGIS	TRAR 256 BE	SISTRAR'S SIGI	NATURE	71
DHMH - 17 (VR A15 ME (5))	W	m C Ma		ADDRESS 1101	E Nort	h Aver	ue	JAN	24 198	34	hugh	· Course	4
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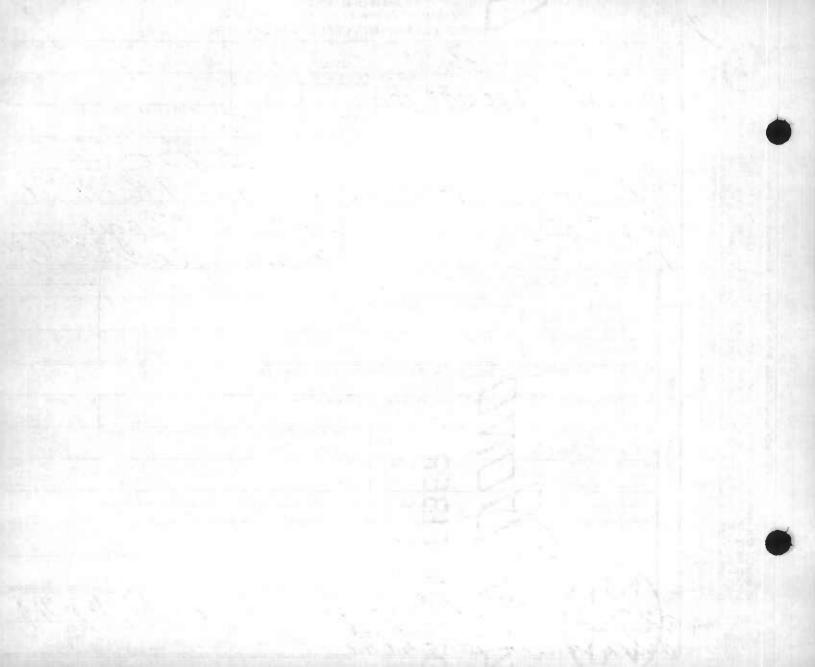
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21201 ANY D AND 3 RETAIN HOULD RECORD	USUAL RESIDENC	E (IF IN NURSING HOME OF	OTHER INSTITUTION, GIVE RES Y	SIDENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS YES NO	- 1 1 2 2 2	1 Cua	3/3	30
BALTIMORE, MD  URS AFTER DEATH. IF  URS AFTER DEATH. IF  URS GNE PAGES 1, 2, 2, 4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	Carl MAN	Este	, морол В	LAST	15. MOTHER'S MA	a Mae	2/00	elust	
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DIVISION OF VITAL RESTRICTE SHOULD  E. WRITING THE WORD "PE RWARDED TO THE CHIEF A STATE DEPARTMENT OF HE MAN TO STROTH TO SHE MAN T	UNDERLYIN CONTRIBUT 21d INJURY WHILE AT WORK		STREET, FACTORY.	FARM, ETC.)	823 W. Cros	s St. Balto	cou	INTY	STAT
ATE: ATE: A		tify that I taak charge	of the remains describe	100	Autopsy , losper	tion , Inquiry ,	ond in my opi	inion	
CAL EXAN THE CERTIT SHOULD B SRAL DIRE RATH, WITH	ACTUAL SIGNATURE	11	(rued)	mil	TITLE (SPECIFY)			1/3/8	4
TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FOR A SHOULD BE AFFER BEATH AND THE SHOULD BE AFFER BEATH AND THE SHOULD BE SH	EXAMINER': (TYPE OR PR	S NAME I	Thomas D. S	mith, M.D		1 Penn St. B			
- A50 P R C	230 BURIAL, CREM.		1/6/84	Ceda	TERY OR GREMATORY	MI TOCATION CHI CO	Peter Com	4/19	4
DHMH - 17 (VR A15 ME (5))	PAPLES A	CTOR	Inc. ADDRESS F. H. 1501	Bokto 1	Mr JAN	5 1984	6. REGISTRAR'S SI	IGNATURE	1

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FOR	
STATE	

Wm C March F/H Inc. 1101 E North Avenue

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

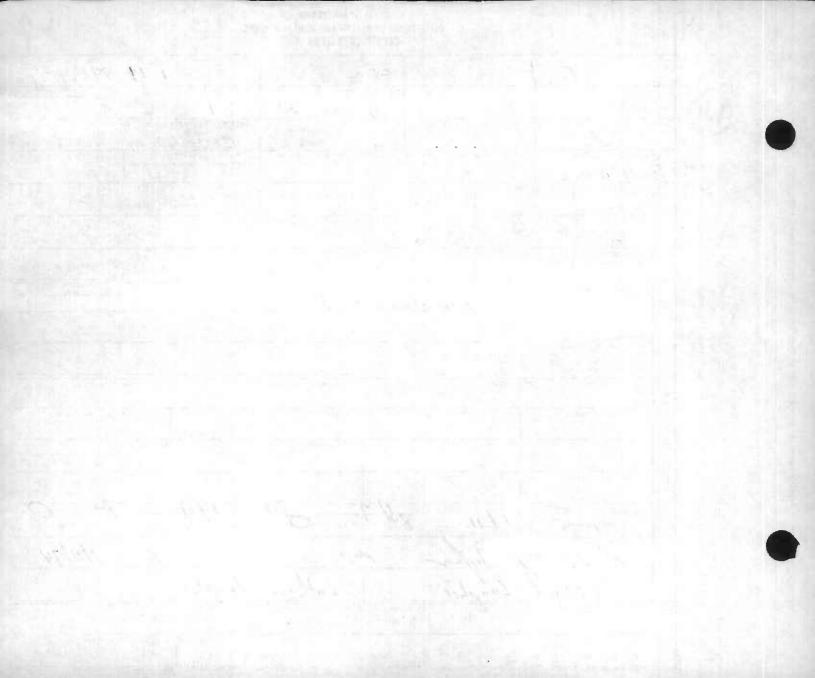
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REGISTRAR		CERTIFICATE OF DEAT	H REG.	NO.	
I. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH		2b. HOUR
Davi		Evons		1 14 84	4124 pm
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST E		
M	B		54 75	YRS.	S HOURS MIN.
To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8	- 9 BALTIMORE CITY	OR COUNTY OF DEATH	
COUNTRY) S.C.	U.S.A.	MARRIED NEVER MARR	- 16-11	'Nore, ci	ty, MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	JRSING HOME OR OTHER INSTITUT	ON 12a. USUAL OCCUPA	TION 126. KIND	OF BUSINESS OR
Baltimore	LUTHERAN		(TYPE OF WORK FOR MOST	TOF WORKING LIFE) INDUSTR	Υ
USUAL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)		Apt. 110	1 21217
Maryland 136 COL		TOWN 13d INSIDE CITY LI	MITS? 13e. STREET ADDRESS	id Park La	ke Drive
14 FATHER'S NAME		15 MOTHER'S MAI			
Davis	MIDDLE LAST		MIDDLE	McFad	den
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL S	SECURITY NO. 17 INFORMANT	ADD	RESS	
(YES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	16-0984 Louis	Evans 3414 C	edardale E	Road
	only ane cause per line for (a), (b				DXIMATE INTERVAL N ONSET AND DEATH
PART I. DEATH WAS CAUS	ED BY:	entomina allest		BEIWEE	N ONSET AND DEATH
LI 3 MMEDIA	ATE CAUSE (b)	/			
Conditions, if any, which	DUE TO, OR AS A CONSI	EQUENCE OF			
gave rise to immediate cause (a), stating the	(b)				
underlying cause last.	DUE TO, OR AS A CONSI	EOUENCE OF		100	
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OF CO.	NDITION GIVEN IN PART	lia
Z	<u> </u>		TE TERMINAL DISEASE ON CO.	NOTION ONEN INTAKT	110
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WI	HICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND	DINGS USED
E E			YES NO	IN CERTIFYING CAUSE	ES OF DEATH?
210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY	OCCURRED (ENTER NATURE OF IN.		
OR CONTRIBUTING CAUCE OF DE		DAY YEAR			
(IF EITHER NOTIFY MEDICAL EXAMIN	21e. PLACE OF INJURY	211 LOCATION			
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC ) STREET	CITY OR I	TOWN COUNTY	STATE
	oital) attended the deceased fro	om	2id to ///	19 84	that (I) we last
saw the deceased alive a	n pt) view the bady after death.	19_87_, and that in (my) (Tur)	pinian death accurred on the	date and haur and fram th	
226. SIGNATUR	bij view the body after death.	DEGREE		22c. DAT	ESIGNED
100	my holy	My ATTEN	DING MEDICAL ST.	AFF X	11/74
22d. PHYSICIANIS AME ITM	America &	22e ADDRESS	II A I		
( Tegor	Lampher	Luth	ion Hospital		
230. BURIAL, CREMATION, REMOVA	L ZIb DATE	231 NAME OF CEMETERY OR CREM	ATORY 23d. LOCATION		
(SPECURIAL		Cedar Hill Cem	. ATTEN	Arunde lounco	, siMd.

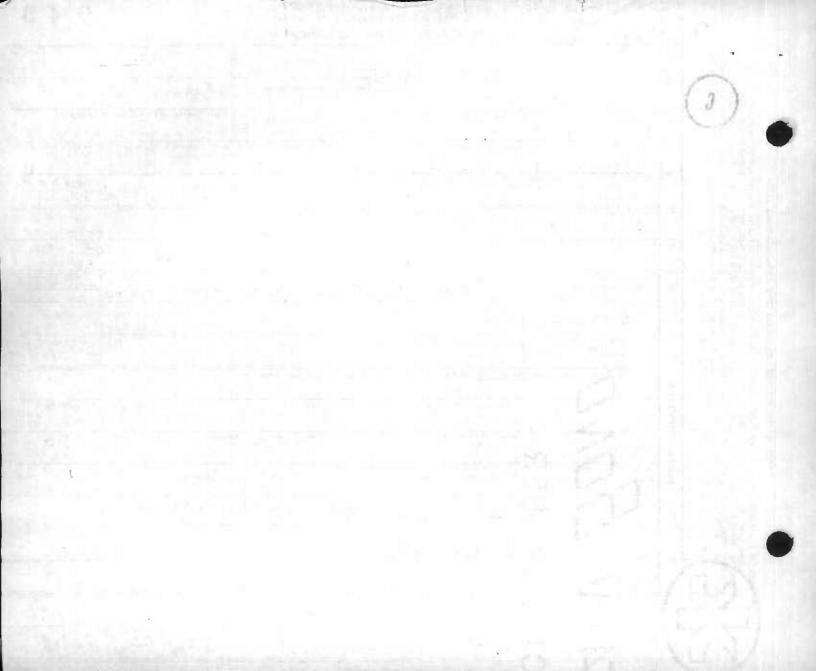
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1		CEASED NAME FIRST		MIDDLE		LAST			REG. NO.	DAY YEAR 26
J	(TYPE	OR PRINT)	M		F-11	ANIC		20. DATE KNO OF ES DEATH MA	TED 1-14.	-84 19
	). SEX	4 RACE JOHI	5. DATE OF BIRTH		6. AGE (IN YEARS	ANS FUNDER 1 YR.	IF UNDER 2		HTMOM	DAY YEAR 20
¥	м	ala Riagir	MONTH DAY	YEAR 41	42 YRS.	MONTHS DAYS	HOURS	MIN. PRONOUNCED		-84 19 4:
Ŋ	M ;	RTHPLACE (STATE OR	76. CITIZEN OF WHA		TDV2			9. BALTIMORI	E CITY OR COUNTY	
4	person, .	REIGN COUNTRY)	II C	A		ARRIED NE'	DIVORCE			
1	10. CI	Virginia TY OR TOWN OF DEATH	U.S.		SING HOME, OR			12a. USUAL OCCUPATI		126 KIND OF BUSIN
l		Dallimana	(IF NOT IN SUCH FACI			Comolina		FOR MOST OF WORKING	LIFE)	OR INDUSTRY
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ı	(YE	S, NO, OR UNKNOWN) (IF YES, GIVE		166. SOC	IAL SECURITY NO				В	ox 325
I	U	NKNOWN				Blan	nd-Re	ed F/H 4	+13 Eley	
ı		18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED				657				APPROXIMATE INT
ı			TE CAUSE (a) De	meli	nating d	isease d	of cen	tral nervo	us system	
1		3917	DUE TO, OR A	SACON	SEQUENCE OF					
1		Conditions, if any, which gave rise to immediate	(b)							
		cause (a) stating the under-	< (-,	SACON	SEQUENCE OF					
1		lying cause last.	(0)							9 20
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Н	ATIC	19a DATE OF OPERATION	196 CONDITIO	ON FOR V	WHICH OPERATIO	N WAS PERFOR	MED?			20 AUTOPSY?
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1		UNDERLYING OR	HOUR A.M.		DAY YEAR		JCCORREL	TOTAL OF HOURT		
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		22e. I certify that I took charg	e of the remains descr	ibed abov	ve, held an	utapsy X,	Inspection	, Inquiry	, and in my api	inian
		death resulted from. Natur	ral causes	Accident	Suicide		ide .	Undetermined manne		
		Λ.	- 1	.01	0.0	TITLE (S				
			da F	241	rell		Istant	MEDICAL EXAMINE	DATE	1-14
		ACTUAL OM			4	M.D		MEDICAL EXAMINE	R SIGNED	
		ACTUAL SIGNATURE	love in							
		EXAMINER'S NAME MAR	garita A.	Kore	11,M.D.	ADDRESS	111 P	enn Street		
+	73o PI	EXAMINER'S NAME (TYPE OR PRINT) Mar	garita A.			ADDRESS_		Penn Street		
-	23o.Bl	EXAMINER'S NAME MAR		23c N	ll,M.D.	RY OR CREMATO	ORY	Penn Street    23d LOCATION   Cumberla	count	ty STATE Va.



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(VRA 15, 4)

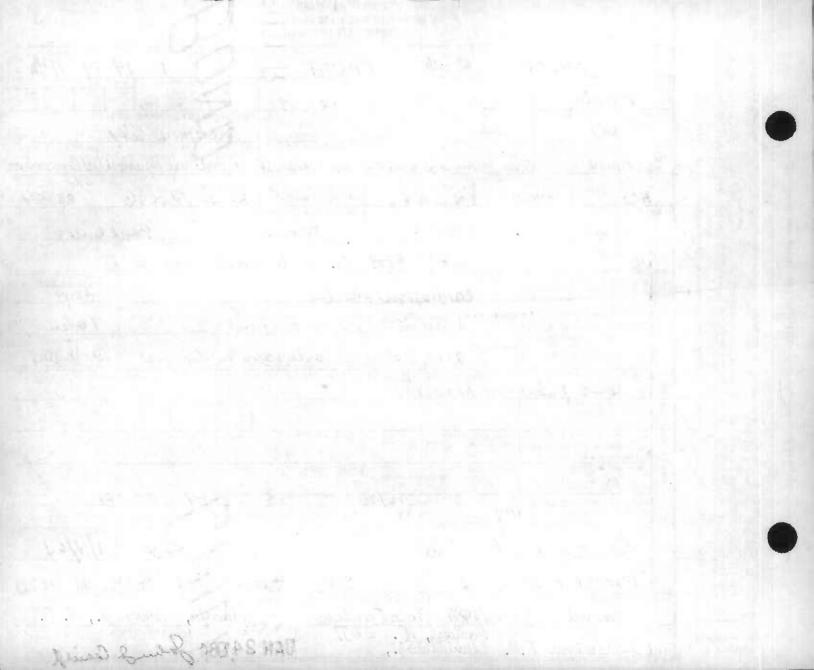
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6	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL I ICATE OF DEATH	HYGIENE REG. NO.	0 0	9 5 1
1,21/		CEASED NAME FIRST ORPRINT) Arthur		C.	-	AST INWELL	20. DATE OF DEATH MONTH		84 2b. HOUR
	3. SE)	Male	4. RACE Whi	te	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY) 75	MONTHS (	YEAR IF UNDER 24 HRS DAYS HOURS MIN.
the safe	To. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF US	what country? SA	8. MARRIE WIDOWE	NEVER MARRIED	Baltimore		TH MD.
of the day	10. CI	ty or town of death Baltimore	11. NAME OF (IF NOT IN SUC Union	HOSPITAL, NURSII HEACILITY, GIVE STREET Memoria	1 HOME (	prother institution pital 21218	120 USUAL OCCUPATION (TYPEREVER EXECUTES OF WORK)	NG LIFE) 12b. KI	IND OF BUSINESS OR STRY
NND 212	13a. S	AL RESIDENCE (IF NURSING HOME OR ITATE 136. COUNTY)	OTHER INSTITUTION VTY	136. CITY OF TOY BATELIN	ore	13d. INSIDE CITY LIMITS YES 🔼 NO 🗌	3704 Hickory	Avenue	21211
MARYLA materity and 2 sh	14. FA	THER'S NAME Oscar	MIDDLE	Fanwell		15. MOTHER'S MAIDEN  Laura	MIDDLE	Муе	ers
BALTIMORE, MARYLAND cate be executed within 24 yitigin and completely fille opens, Fages, Land 2 should wall it the medical executes for	16a. V	VAS DECEASED EVER IN U.S. AR (15, NO OR UNKNOWN) (1F YES, GIV	MED FORCES? E WAR OR DATES)	217-09-		Mrs. Elea	nor Fanwell 3704		
		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly one cause per D BY: TE CAUSE (0)	Cardice	nd (cr.)	ret			PPROXIMATE INTERVAL WEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The law requires that the death certificate has been signed by the ortending phost the buriol-transit permit. Then please remove carbonp the and Mental Hygiene prior to buriol, cremation, or removeed or, then 18 shows only injury, or other troumatic even orked or, then 18 shows only injury, or other troumatic even		2500 Conditions, if ony, which	DUE TO, O	R AS A CONSEOU	ENCE OF	my Hant	Farlene	L	leus
that the d by the ease rem of, cremo		gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, O	r as a consequ	ENCE OF	Olabe	La		
PRDS, 20 requires requires Then plant to burininjury, o	NOI	PART 2. OTHER SIGNIFICANT (					TERMINAL DISEASE OR CONDITION		
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SION OF VITA PHYSICIAN: T PHYSICIAN: T we buriol-trons and Mentol-trons and Mentol-trons d or, them 18 %		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINE)	HOUR A	DF INJURY .M. MONTH D .M.	AY YEAR	21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITE	A 1B PART ) OR PAI	RT 2)
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DIVI Syptial or off CTOR: After of d for use os to i. of Health of m 21 is morke		220.1 certify that (1) (this hosp	\$ 114	19	24.0		, to	hour and from	that (I) (we) last m the causes stated
OR DIRE		Celian	2	Janus	l	DEGREE ATTENDIN PHYSICIA			DATE SIGNED
TO HOSPITAL retained by th TO FUNERAL should be deter with the State WAPORTANT: I		SICHARD	. ~	1 Am on D		3547	CHESTION A	IE B	12 2 12 1)
D 6 0 6 3 M	23a. i	BURIAL, CREMATION, REMOVAL SPECIAL	23b. DATE 1/18,			Valley Mem	CITY OF TOWN	ille	Maryland
DHMH - 16 50M 4/82 (VRA 15, 4)	24. FI	DNERAL DIRECTOR  A. Alan Seitz,	Jr. 3	818 Rolar	nd Ave		AN 213 1984	GISTRAR'S SIC	abulf.

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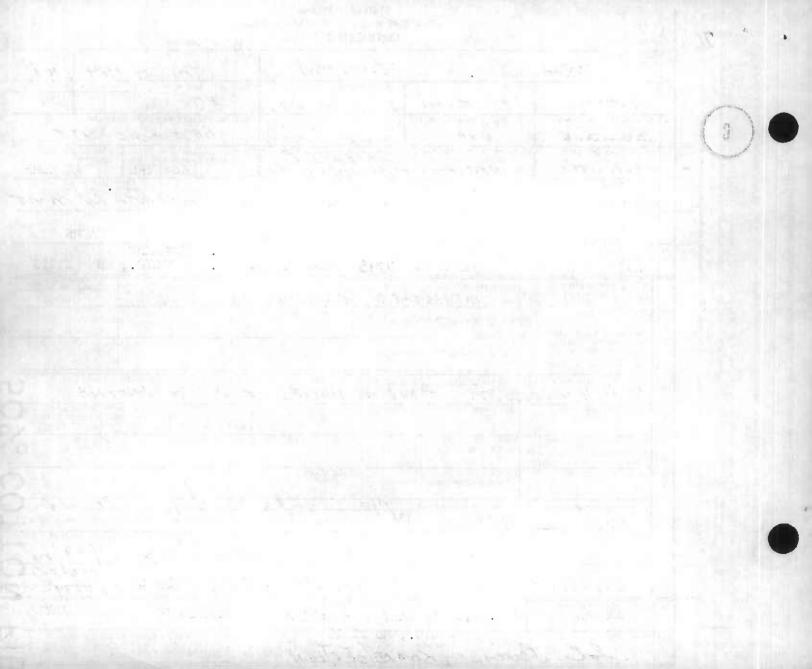
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	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	IENE 6 4	0 0	9 5 3
. 84		CEASED NAME FIRST	MIDDLE	LA:	SI .	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
may be page 3		CHLO			AUTH		1 14	84 11 A M
4 00	3. SE	Female	4. RACE  Caucasi		DAY YEAR	6. AGE (IN YEARS LAST BIR	YRS.	ER I YEAR IF UNDER 24 HRS DAYS HOURS MIN.
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by the filled with	Po	alhmore /		eneral Hay		12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Retired	F, WORKING LIFE) IN	kind of Business or pustry Le Homemaken
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requires en signe Then pli or to burit	NOIL	Severe Dub	monary Library	us	•	INAL DISEASE OR CON		
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NG PHYSICIAN, The low requirent of the control of the conflictor has been sign as the burial-transit permit. Then the and Mental Hygiene prior to backed at Item 18 shows any injury or the content of the control of th	MEDICAL CE	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED	HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCURE 211 LOCATION			
DING PH or after the e as the alth and marked	W	WHITE NOT WHITE AT WORK  22a.1 certify that (1) (this hasp	(AT HOME, STREET, FACTORY, O	10/	STREET 10 X3	CITY OR TO		ounty STATE
AL OR ATTEN the hospital AL DIRECTOR: letached for us te Dept. of He T; If Hem 21 is		saw the deceased alive on		19 <b>84</b> , one	H that in (my) (our) opinion of EGREE ATTENDING PHYSICIAN	MEDICAL STAL	ote and hour and 1	, mar (ii (me) tast
TO HOSPITAL retained by the TYO FUNERAL should be der with the State		DOROTHEA A.	STERN MY		22e ADDRESS	rover Street	Bulko	, Nd , UZ30
11999	23a. I	BURIAL, CREMATION, REMOVAL (SPECEY) Removal	1/15/1984	- 0	METERY OR CREMATORY	Pineola,	Avery (	N. CTATE
DHMH - 16 50M 4/83		UNERAL DIRECTOR	Newland		3657 25a DAT	E REE'D. BY REGISTRAR	256. REGISTRAR'S	SIGNATURE
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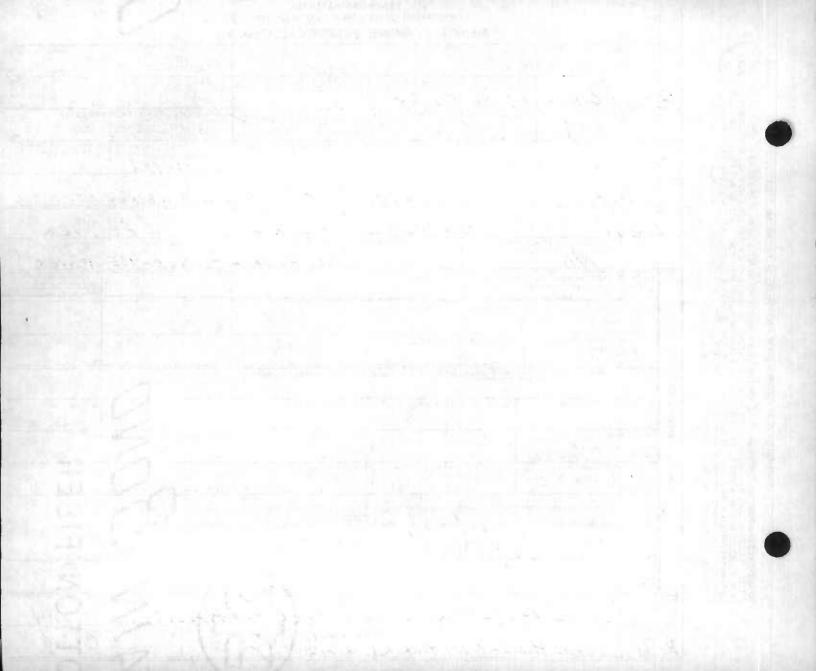


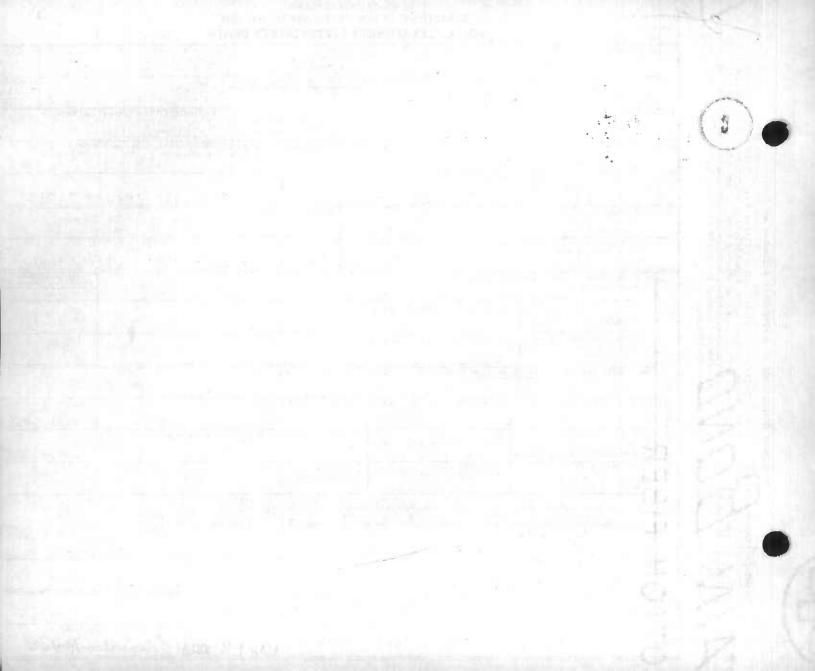
2/		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.		
deoth deoth		CEASED NAME FIRST OR PRINT)  SARAH		MIDDLE	FEL	om min	26. DATE OF DEATH	MONTH  1. 29	1984	26. HOUR
	3. SE		4. RACE CANO	,	5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER 24 HRS
13		RTHPLACEVIRGINTAN COUNTRY PARKEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	u	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF	OR COUNTY	et cii	1110
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ar must be	130. 3	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION. NTY	131. CITY OR TOW	N	134. INSIDE CITY LIMITS? YES NO	3603 LAB	YRIN	APT. 2F TH NJ.	カンス
500		THER'S NAME FIRST  JACOB	WIDDLE	FRANK		15. MOTHER'S MAIDEN NA FIRST REBE	CCA	POLITICA	SACH	İS
oval.		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	MED FORCES? VE WAR OR DATES)	216-56	America .		AVID O. PEE ER AVE.	BALTO.		21215
nut permit their please remove corr give a prior to hariot, cremotion, or shows only injury, or other troumoti	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse io), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT.  PART 2 OTHER SIGNIFICANT.  HEMICA  196. DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING	DUE TO, O  (c)  CONDITIONS CO  19b COND	TION FOR WHICH	DEATH BUT	N WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YE	S, WERE FINDING CAUSES	IGS USED
teoth and Mental Hy is morked as here 18	MEDICAL CI	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK 220.1 certify that (this hosp	ATH HOUR A. P. 21e PLACE (AT HOME, STI	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	19	21c. HOW INJURY OCCUR 21I. LOCATION STREET  , 19	CITY OR TO		COUNTY	STATE
MPORTANT, II hem 21.		saw the deceased olive are obove. (#2(we) (did) (22b. SIGNATURE)  22d. PHYSICIAN'S NAME (TYPE & TABLE)	(Lesson Print)	lin	-	DEGREE  ATTENDING PHYSICIAN [  128. ADDRESS  LEVINTHE	MEDICAL STADIRECTOR PHYSI	AFF .	22c. DATE	SIGNED
13 1	23o. E	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		0,1984 B	ALTIM	EMETERY OR CREMATORY ORE HEBREW	BAETEMO	ORE	COUNTY	MARYLANI
50M 4/82 5, 4)	24 Ft	UNERAL DIRECTOR NAME SOLO SOLO SOLO SOLO SOLO SOLO SOLO SOL	Curin	BALTO.  ADDRESS	-	SERTOWN FEB	1 1984	256 REGIST	TRAR'S SIGNATI	URE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

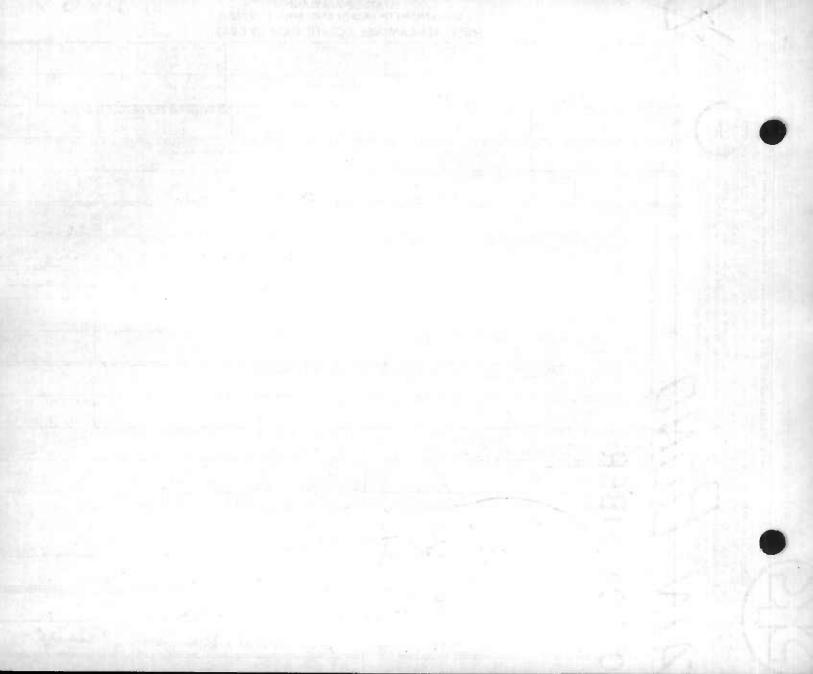


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME KNOWN XX MONTH 2b. HOUR DAY (TYPE OR PRINT) OF ESTI-DEATH MATED Gwendolyn Fenner 1-20 19 84 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS ) IF UNDER TYR. IF UNDER 24 HRS. 2d HOUR 2 c. DATE LAST BIRTHDAYT PRONOUNCED 8:30 DEAD 1984 To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED Baltimore City IN CITY OR TOWN OF DEATH 128 USUAL OCCUPATION (TYPE OF WORK NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 112h KIND OF BUSINESS Mulberry St., Apt. 1010 UNEMPLOYE, Baltimore 3e STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 113b COUNTY W. MULBERRY YES -15 MOTHER'S MAIDEN NAME MIDDLE FIRST LORIA 7. INFORMANT IAN WAS DECEASED EVER IN U.S. ARMED FORCES I. PAGES DIVISION LORIA FENNER-405 HEAVE LYES NO OR LINKNOWN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) FTWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Stab Wounds of Neck IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION E 3 SHOULD BE USED A DEPARTMENT OF HEA 31 PRIOR TO BURIAL, C 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28. AUTOPSY? YES XX NO T 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XXX MONTH DAY UNDERLYING XXOR 8:15P.M. 1-20 subject was stabbed CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME 211 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK TO AT WORK EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGI AFIER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 701 W. Mulberry St., Apt. 1010. Balto., Md. Home. Autopsy XX 220 I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinian Hamicide X death resulted from Natural causes Undetermined manner Assistant DATE 1 - 21 - 84EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn Street (TYPE OR PRINT) ADDRESS 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BP Md. 250. DATE REC'D. BY REGISTRAR
JAN 2 6 1984 **DHMH - 17** ERAL HOME - 5209 YORK Rd. 21212 (VR A15 ME (5) 20M 4/82



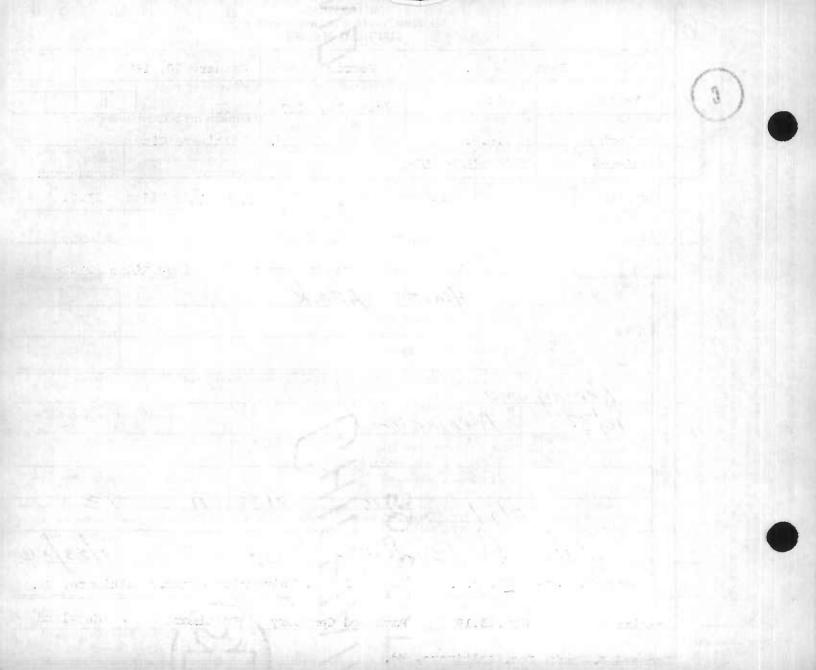


MA		FOR		D			ARYLAND	TYGIENE	0 (	3	5	1
N		STATE REGISTRAR		MED	ICAL EXAMI	NER'S C	ERTIFICATE	OF DEATH	REG. NO.			
		CEASED NAME	FIRST		MIDDLE		LAST	2a. DATI	E KNOWN A	MONTH D	DAY YEAR	26 HOUR
H 188			John		Henry		enwick	DEAT	H MATED		9 1984	M
STREET /	a. SEX	4. RACI		DATE OF BIRTH	6 AGE (IN)	PEARS IF UN	DER 1 YR. IF UNDER	R 24 HRS. 2t. DA	I E	ONTH D.	DAY YEAR	24. HOUR 2:35A
2226	ma		ack	11 10		YRS.		DE	AD		29 1984	W. 224
THE STATE OF	BI FO	RTHPLACE (STATE OR REIGN COUNTRY)	7b.	CITIZEN OF WH	AT COUNTRY?	8 MARRI	ED NEVER MARR	HED A	IMORE CITY OR C			
3.16	/	Md IY OR TOWN OF DEA		USA	A	WIDOW			Baltimo			MD.
100	7	Baltimore	III.	(IF NOT IN SUCH FAC	ITAL, NURSING HOA ILITY, GIVE STREET ADDRESS: k Woodyear	1		FOR MOST OF W	UPATION (TYPE OF YORKING LIFE)	WORK 12b.	OR INDUST	
33201	USUA Illo S	L RESIDENCE (IF IN NUI	ISING HOME OF OT		RESIDENCE BEFORE ADMIS	SION)		lia crossr inn		2120	0.1	
50	110 2	Md	I3b. COUNTY		Baltimon		13d. INSIDE CITY LIMITS?  YES NO	13e STREET ADD	dmondsor			
N.\$	14. FA	THER'S NAME		IDDLE	LAST		15. MOTHER'S MAID	ENNAME	MIDDLE	A V	LAST	
2.5	1	N/A	, m	lobit.	CASI		Lillie		MIDDEL	Fe	enwic	k
A ON	16e. V	AS DECEASED EVER	IN U.S. ARMED		16b. SOCIAL SECURI	TY NO.	17 INFORMANT		ADDRESS			
DIVISION		No			N/	A	Pearl S.	Fenwi	ck 927/1	VI W	oodye	ar St
		18 CAUSE OF DEATH	ACCALIFED BY								APPROXIMATE BETWEEN ONSE	
TING THE WORD "FENDING" IN PENCIL IN 1784 18, DED TO THE CHIEF MEDICAL EXAMINER ALONG WIS SHOULD BE USED AS A BURIAL. TRANSIT PERMIT DEPARTMENT OF HEALTH AND MENTAL HYGIENE, I PROR TO BURIAL, CREMATION, OR REMOVAL.		9101	IMMEDIATE C	AUSE (a) Gun	Shot wound		hest & abo	domen		-		
L AND HAND		Conditions, if a	ny, which	DUE TO, OR A	IS A CONSEQUENCE	: OF						
XAMINER AL-TRANS MENTAL IN N, OR REA		gave rise to cause (a) stating		(b)	S A CONSEQUENCE	OF						
N. ONE		lying couse lost.		(2)	io i con or do rice							
MATIO	-	PART 2 OTHER SIGNIFICANT	CONDITIONS CONT	RIBUTING TO DEATH BE	JT NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION GIVEN IN PA	ART 1 (a),				
AS A BU EALTH AN CREMAT	CERTIFICATION	19a. DATE OF OPERA	TION	Tial CONDITI	ON FOR WHICH OPE	DATIONIN	AS DEDECORATED?			1.		
OF HI	FICA	176. DATE OF OPERA	TION	IVE. CONDITI	ON FOR WHICH OPE	KATION W	AS PERFORMED?			20	AUTOPSY?	
N N N	ERTI	21a. EXTERNAL CAUS	EWAS	21b. TIME OF	INJURY	21c HC	OW INJURY OCCURRE	ED LENTER NATURE OF	INTERVINITEM IS PART	1 OR PART 2)	YES X	NO 🗌
A TO		UNDERLYING XC	OR OF DEA	1	1 29 19 8	AR	Subject sho					
PROP	MEDICAL	214 INTURY OCCUPE	ED	21e PLACE O	FINJURY (ATHOME,	21f. LOC	CATION					
21201 F	×	WHILE NOT	WHILE X		treet		0 Blk Wood	CITY OR		COUNTY	1	Md.
- E		The second secon			The second second							Ma.
ANC		1000	10		he diptove, held an	Autops	Homicide X		/	n my apinia	in	
WITH VRYL	1	death resulted from	Hatellale	1	//	ruicide.	TITLE (SPECIFY)	Undetermined	monner,			
DY.		ACTUAL SIGNATURE	Mar	na 8)	Trus	AA	Deputy Chi	efactions	AAAINIED	DATE SIGNED_	1/29/	/84
NER JORE	-				1							01
PAGE 4 SHOULD BE HORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		EXAMINER'S NAME (TYPE OR PRINT)	Thoma	s D. Smi	th, M.D.		ADDRESS 11]	l Penn St		Balto	, Md.	
2 4 8	23a Bl	PECIFY)			23r. NAME OF CE			23d. LOCATION		COUNTY	ST	ATE
-	04.5	Buria	1 2	2/3/84	Eastvi	ew Me	em Park	Balti	more	1010 0117	M	d
- 17		INERAL DIRECTOR		ADDRESS			LAN	REC'D. BY REGIST	RAR ZSTREGISTR	AR'S SIGN	sheel !	1
5 ME (5))	WI	lliam C.	March	F/H 1	IUI E. No	orth	Ave Juni	7 190-	1	-0	-	•



BP\_\_\_\_\_ DHMH - 16 50M 4/B2 (VRA 15, 4)

	1-	FOR STATE REGISTRAR			DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MEN ICATE OF DEA	TAL HYGIE		REG. NO.	0 6	) 7	2/0	
		EASED NAME	FIRST		MIDDLE	L	AST		20 DATE OF DE		TH DAY	YEAR /	2b. HOUR	
	(TYPE	OR PRINT)	Inez		E.	F	errar		Januar	ry 20,	1984	- 1		м
-	3. SEX	Female		White		5. DATE C	DAY	YEAR L918	AGE (IN YEARS		YRS MON		HOURS MI	110
1	Ne	RTHPLACE (STATE OR I		U.S.	Α.	WIDOWE		CED D	Baltimore Baltin	nore C	ity			MD.
)	Ва	altimore		7509°₩	indy R	Lage	OR OTHER INSTITU		12a USUAL OCI (TYPE OF WORK FO Manage)	R MOST OF WO	RKING LIFE)	126. KIND OI INDUSTRY Resta	r BUSINESS ( urant	OR
5	USUA 130 S Ma	AL RESIDENCE OF NURS TATE aryland	13b. COUN	OTHER INSTITUTION.	Balt		13d. INSIDE CITY I	IMITS?	30. STREET AD	press indy F	idge	212	34	
0		THER'S NAME FIRST	N	HODLE	Capobi	lance	15 MOTHER'S MA			AIDDLE		Raino		
/	16a W	VAS DECEASED EVER		NED FORCES? WAR OR DATES)		SECURITY NO.	17 INFORMANT Arthur I	materi	7700	ADDRESS	<b>n!</b> 1		234	
	NOI	Conditions, if any, gave rise to imreave (a), statir underlying couse	which nediate g the last.	DUE TO, O	r as a cons	EQUENCE OF	ATTACK	THE TERMIN	NAL DISEASE C	DR CONDITI	ON GIVEN	IN PART 1cc	13	
1	CERTIFICATION	19a DATE OF OPERA	2	19b. COND	len in	S OM	N WAS PERFORME	D	200 AUTOPS			ERE FINDING CAUSES	OF DEATH?	
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	Bi	surial, cremation, specify) urial	KEMOVAL	23b. DATE Jan. 23	,1984		emetery or created tood Ceme	tery		imore	C		yland	
	24. FU	JNERAL DIRECTOR		T D.	ADDI			ZSa. DATE	AN 24	198 P	RECESTRAF	SSIGNATI	· Coluce	18



5	10	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8_4	REG. NO.	0 9	5 9
			CEASED NAME FIRST	N (1)	MIODLE	l	AST	20. DATE OF D	EATH MONTH	DAY YEAR	26 HOUR
	3 53		AL	/IN	C.	F	EY	Januar	y 10, 1	984	3:20 M
	1 4	3. SE		4. RACE		S. DATE C		6. AGE (IN YEAR	5 LAST BIRTHOAY)	MONTHS DAYS	IF UNGER 24 HRS HOURS MIN.
- 315	i fan	1	Male	Whit	te		26, 1890	93	YRS.	MONING DATE	MIN.
	1 11/5		RTHPLACE (STATE OR FOREIGN OUNTRY) PA	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED		imore C		MD.
10	by the filled with		Baltimore	Long	Green N	ADDRESS)	or other institution and Center	120. USUAL OC	CUPATION or most of working	12b. KIND C	Sovit.
MARYLAND 2120	ithin 24 hour tely filled in 8 2 should be f		L RESIDENCE (IF NURSING HOME OF TATE 136 COU	R OTHER INSTITUTION	136. CITY OR TOW Balto.	E ADMISSION)	13d. INSIDE CITY LIMITS? YES X NO	130. STREET AD	DRESS 33rd St	. 212	18
MARYL	mpletely ond 2 sh	14. FA	THER'S NAME	MIDDLE	Fey		15. MOTHER'S MAIDEN N	AME	MIDOLE	LA	51
	9 9		AS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU	JRITY NO.	17. INFORMANT	5500	ADDRESS		- 11-01
BALTIMORE	be ed		No		577 58	1529	Wayne A.	Fey. C	Californi	ia 902	
1	ng physicie bonpo removal		PART I, DEATH WAS CAUS	nly one couse pe ED BY: (TE CAUSE (o)	CARDIC	PVL	MONARY	ARK	CEST	BETWEEN	(IMATE INTERVAL ONSET AND DEATH
PRESTON ST	e death ce cottending move corbo orion, or re		Conditions, if ony, which gove rise to immediate	DUE TO, C	CONGE	ENCE OF	IE HEART	- FAI	LURE		
201 W. PE	that the d by the eose rem ol, crem		couse (o), stoting the underlying couse lost	DUE TO, C	CORO		Y ARTER	ig Ys	SEASE	3	
	signer of the plant of the plan	NOI	PART 2. OTHER SIGNIFICANT ANEMIN	- A	TRIAL	Fi	BRILLATI	NO		10-35	
AL RECO	The law retion.  The has been it permit.  Jiene prior	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED		IN CERT	ES, WERE FINDI FIFYING CAUSES YES	NGS USED S OF DEATH?
DIVISION OF VITAL RECORDS,	IYSKCIAN: The ding physicio is certificate buvial-transit Mental Hygie		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE LIF EITHER NOTIFY MEDICAL EXAMINE	HOUR A	OF INJURY .M. MONTH D .M.	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATUI	E OF INJURY IN ITEM 18	PART 1 OR PART 2	
IVISION	NG PHYS Ottendin Otter this os the bu th and Me	MEDICAL	21d, INJURY OCCURRED  WHILE OF WORK OF WORK	218. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC )	211 LOCATION STREET		TITY OR TOWN	COUNTY	STATE
	O O S O E		22a. I certify that (1) (this hasp saw the deceased alive a above, (1) (we) (did) (did n			83.0	that in (my) (our) opinion		on the date and ha		that (I) (we) last causes stated
	HOSPITAL OR ATTEN		22b. SIGNATURE	1/	neusoff	on V		MEDICAL DIRECTOR	STAFF PHYSICIAN	22c. DATE	I-84
	TO HOSPITAL Interception by the TO FUNERAL Ishould be detroment with the State Interception of the		22d. PHYSICIAN'S NAM	OR PRINT)	-		22e ADDRESS				
	o HOSi etoined TO FUN should b		Dr. Miguel		schansky	. M.	D. 300 E.	33rd S	Balt.	0. ME	)
	Z 5 - 2 2 2	23a. B	URIAL, CREMATION, REMOVA	L 23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATI		COUNTY	STATE
	BP		Burial	1/17/	'84 C	ak H	ill Cemeter		cago,	Illing	ois
	DHMH - 16 50M 4/B2 (VRA 15, 4)	49 49	NERAL DIRECTOR Her NAME York Road	ry W. Balto	Jenkias , MD	& So 212	ns Co. 1250. DA	TE REC'D. BY REG	1 Jaca	STRAR'S SIGNAT	9

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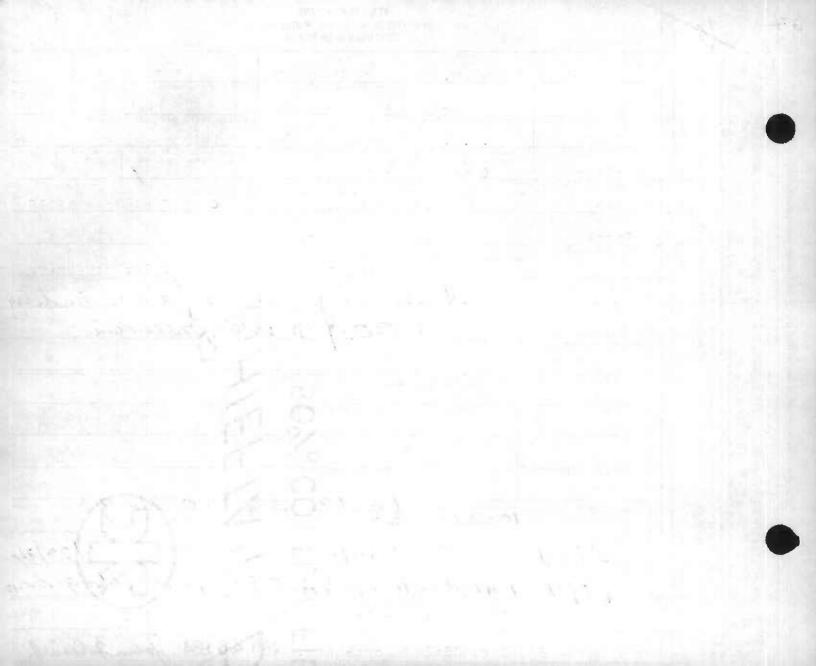
STATE OF MARYLAND

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	7" 1		S. DATE OF BIRTH	YEAR LAST BIRTHO	AY) MONTHS	DER 1 YR. IF UNDER	MIN. PRON	OUNCED	MONIH	DAY TEAR	2d HOUR
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/6	preign country)	TATE ON	//SA	AT COUNTRY?		D NEVER MARR	IED 📙	LTIMORE CITY		OFDEATH	
10	CITY OR TOWN	OF DEATH	11 NAME OF HOSE	PITAL, NURSING HOME	WIDOWE			ltimore		L KIND OF BI	MD.
1			( IF NOT IN SUCH FAC	ILITY, GIVE STREET ADDRESS)		.Md.21230	FOR MOST OF	WORKING LIFE)	TO WORK	OR INDUST	RY
ÚS	Baltimo UAL RESIDENCE		OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISSIO	Davie	0.114.21230		evile			
	Maryland	13b COUNT	Y	Baltimore	1	3d. INSIDE CITY LIMITS? YES 1 NO	139 STREET AL	arshall	St.Ba	lto.Md.	21230
14.	FATHER'S NAME		MIDDLE	LAST		S MOTHER'S MAID		WIDDLE		1AST	
		U	nknown					nknown			
160	(YES, NO. QRUNKNO	D EVER IN U.S. ARM	ED FORCES?	166 SOCIAL SECURITY		7 INFORMANT	C1 1	ADDRES	_		
_	No			213-07-6	562	Vincent	Church	Same a	s above	e	
	18 CAUSE C	F DEATH (Enter only ATH WAS CAUSED								APPROXIMATI BETWEEN ONSE	T AND DEATH
	011	IMMEDIATE	CAUSE (o) COL	gestive he		allure cor	mp11cate	ed by dr	owning		
17	Condition	ns, if any, which	DUE TO, OR A	AS A CONSEQUENCE (	OF						
	gave ri	se ta immediate	(b)	AS A CONSEQUENCE (	Or.						
1	lying cau		JUL 10, OK	AS A CONSEQUENCE C	Or .						
	PART 2 OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL DISEASE O	TR CONDITION GIVEN IN PA	LPT 1 (n)				
2											
4.4	190. DATE OF	OPERATION	196 CONDIT	ON FOR WHICH OPER	ATION WA	S PERFORMED?				20 AUTOPSY	?
)			The second						1000	YES 🗆	NO 🔀
MOITACISTAGO		L CAUSE WAS	21b. TIME OF	MONTH DAY YEAR	21c. HO	W INJURY OCCURRE	D LENTER NATURE	OF INJURY IN ITEM 18	PART 1 OR PART 2		
		OR CAUSE OF D	EATH ? P.M.	1-19- 19 8		ject drown	ned in b	athtub.			
MEDICAL	21d. INJURY C	OCCURRED	CIDEEL EVEL	F INJURY (AT HOME, DRY, FARM, ETC.)	21f. LOC	ATION		OR TOWN	COUNT	TV.	STATE
1	AT WORK	NOT WHILE X	ho			0 Marshal			COOM		Md.
n			of the remains desc	ribed obove, held on	Autopsy	, Inspectio	X Inq	uiry , a	nd in my apini	ion	
1	deoth result			TTR.	icide .	Homicide .	Undetermine				
	ACTION	1 0				TITLE (SPECIFY)					
1	SIGNATURE.	MANCE	D		M.D	Assistant	L_MEDICALE	XAMINER	DATE SIGNED.	1-19-	-84
	EXAMINERY		/	м.в.		444 •	2	D= 3.1	103	2122	1
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730	/SPECEVI A	ial 23		84-Holy (n	METERY OR	emotonii	23d. LOCATIO	Eimore,	COUNTY	yland st	ATE
24	FUNERAL DIREC	TOR				IZSO DATE	REC'D BY REGIS				
	no ullu	Funeral H	ome, 130 Ess	Fort Ave.	Balto.	.Md. JA	N 203	384 0-			4.
-	4					01					

(VRA 15, 4)



TAH	1	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND  TMENT OF HEALTH AND MENTAL HY  CERTIFICATE OF DEATH		() S. NO.	0 7	6 6
Balme		CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	2a. DATE OF DEAT	H MONTH	DAY YEAR	26. HOUR
		ARTHUR	Gorman	FORD JR.	JANUARY	20.19	84	7:45A
4 64	3. SE	m. In	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	HOURS MIN.
	1	RTHPLACE (STATE OR FOREIGN	Caucasion	6 11 1923		YRS.		
9-11-35		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED	I DALLIJ.		OF DEATH	MD
一日 118	r	TY OR TOWN OF DEATH  BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STR		120. USUAL OCCUP GYPE OF WORK FOR MC		E) INDUSTRY	F BUSINESS OR
	115.11	AL RESIDENCE (IF NURSING HOME OR ITATE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BEE		13e. STREET ADDRE		21	0481
1300		Ma Can		CITY YES NO W	3735	oid	Gamb	er Rd
SEINE	2	Arthur G	widdle Ford Ford	SR. FIRST	MIDD	landa	Ba	rnes
NEGLIA		VAS DECEASED EVER IN U.S. AR/	MED FORCES? 166 SOCIAL SE	CURITY NO. 17. INFORMANT	AC	DRESS	Fi	n Kslourg
ă Se		yes in.		-1574 Elegnor	B tord	37350	ld Cambi	
The death certificate the otherding physic remove corbangape emotion, or removal.		18. CAUSE OF DEATH lEnter on PART I. DEATH WAS CAUSED IMMEDIAT Conditions, if ony, which gove rise to immediate		opulmonary	Disea	10	BETWEEN	MATE INTERVAL ONSET AND DEATH
equies hat he same hat he repuies to the repuise returned, creminiury, or other	NOI	couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEC (c) ONDITIONS CONTRIBUTING TO	OUENCE OF  O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR C	ONDITION GIV	EN IN PART 1/c	) '
he law re on. has been t permit. I ene prior	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY?	IN CERTIF	S, WERE FINDIN YING CAUSES S	OF DEATH?
TYSICIAN: The ding physicio IIIs certificote h buriol-tronsit I Mentol Hygre or them 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	in .	DAY YEAR	RRED (ENTER NATURE OF	INJURY IN ITEM 18 P	ART 1 OR PART 2)	
DING PHYSON or othendir After this ee as the but olth and Mand Manderked or it	MEDICAL	21d. INJURY OCCURRED  WHILE ONT WHILE OF AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	CITYC	PRIOWN	COUNTY	STATE
TTENI pitol TTOR: for us of He		22s.1 certify that (I) (this hospit sow the deceased alive an above, (1) (we) (dig) (did not	1120/84 19	, and that in (my) (our) apinio	n death occurred on th	e date and hou	19, t r and from the c	hot (I) (we) lost couses stoted
DR. house		22b. SIGNATURE	meson		MEDICAL DIRECTOR PHY	STAFF	1/2	0/84
TO HOSPITAL Cretoined by the TO FUNERAL I should be detoined with the Store I MMPORTANT: If		22d, PHYSICIAN'S MAME (TYPEO)	1ESON	JOHNS	HOPKIN	15 HO	SPIT	AL
BP	-	Burial  Burial		name of cemetery or crematory Providence Cemete		er C	arroll	Mode
DHMH ~ 16 50M 4/B2 (VRA 15, 4)	24. FU	NERAL DIRECTOR	1 Africht ADDRESS	4	N 2 3 1984	RAR 256 REGIST	RAR'S SIGNATI	JRE .

수 12명을 내용하는 이 집에 그리고 하고 있는 이 그 때문을 보고 있습니다. 나를 보고 있는데 이 모든데 되었습니다. We have good promised and the first of was to

Patapsco Ave.

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(VRA 15, 4)

STATE OF MARYLAND

Y AND BUT OF Mark Balle 234 north  STATE OF MARYLAND

1 -	STATE REGISTRAR	DEPART		FICATE OF DEATH	REG. N	10.		
	CEASED NAME FIRST LENOR	MIDDLE		FOWLKES	2a. DATE OF DEATH	1 2	20 84	2:00P
3. SE	<b>EMALE</b>	A. RACE BLACK	S. DATE (		6. AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER TYEAR	HOURS MIN.
11.	RTHPLACE (STATE OR FOREIGN COUNTRY) RGINIA	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIE WIDOW	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY		Y OF DEATH	MD
В	ALTO.	4031 BOARMAN	ADPRESS)	or other institution	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST			OF BUSINESS OR
13 M	D .	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR  INTY  13c. CITY OR TOW  BALT	/N	13d. INSIDE CITY LIMITS?	4031 BOA	RMAN	AVE.	21215
Ер	HRAIM	STAPLES STAPLES		LUDIE	WIDDLE		LA	
	VAS DECEASED EVER IN U.S. A YES, NO GRUNKNOWN) (IF YES, G	RMED FORCES?  IVE WAR OR DATES)	JRITY NO.	FLORENCE FO	WLKES 40		DARMAN	AVE.
NOI	Conditions, if ony, which gove rise to immediate cause io1, stating the underlying cause last.	DUE TO, OR AS A OF ISEQUE  (b)  DUE TO, OR  (c)  (c)  CONDITIONS CONTRIBUTING TO	Zn PCC GEATH BUT	Renal Renal	seder. Deilwr Jungle disease or con	· · · · · · · · · · · · · · · · · · ·	IVEN IN PART 1	10
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	YES NO	INCERT	ES, WERE FIND IFYING CAUSE 'ES [	INGS USED S OF DEATH?
MEDICAL	27b. SIGNI YAE 17DH KETAN SNAME THE 18. CO	P.M.  21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, poito) ottended the decessor from (at) view the body after death  19—	7-1	6666	, to death occurred on the DIRECTOR PHYSICAL	OWN date and ho	COUNTY	state  that (I) (we) lost e causes stated  ESIGNED
23a (	burial, cremation, remova ISPBURIAL		RBUTL	IS MEM. PK.	BALTO	MD.	COUNTY	STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

LEROY DYETT 4600 LIBERTY HGTS. AVE.

MD. 250. DATE REC REGISTRAR 256. REGISTRAR'S SIGNATURE

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1.	FOR STATE						AND ME		4,0	del	U	0	2 1	0
	REGISTRAR		MED		XAMIN		ERTIFIC	ATE O	F DEAT	H	REG. NO.			
	ECEASED NAME	FIRST		WIDDLE			LAST		20.	DATE KN	OWN X	нтиом	DAY YEAR	26 HOUR
		latthew	H	ale			vlkes	Jr.		DEATH M.	ATED	1-2		
3. SI		MOI		YEAR	6. AGE (IN YE.	ARS IF UN		IF UNDER 2		DATE	D	HTHOM	DAY YEA	To HOOK
	Male Bla	ack De	ec.28	128	55 YF		DATE	HOURS	Mils.	DEAD		1-2	1 198	4 11:15
	OREIGN COUNTRY)	7b. C	ITIZEN OF WHA	AT COUNT	RY?	8 MARRII	D NEV	ER MARRIE	D X 9.1	BALTIMOR	E CITY OF	COUNTY	Y OF DEATH	
	Kentucky		U\$A		74.5	WIDOW	ED 🗆	DIVORCE	D 0	Balti	more	City	,	MD
10 0	CITY OR TOWN OF DEATH		AME OF HOSP	ITAL, NUR	SING HOME	, OR OTH	ER INSTITUT	ION	12a USUAL	OCCUPAT TOF WORKING	TON (TYPE	OF WORK	OR INDUS	BUSINESS
	Baltimore		Provide	ent Ho	ospita	1			Sani	tary	Aid	le	Acme	Baker;
	AL RESIDENCE (IF IN NURSI STATE 13	ING HOME OR OTHER	R INSTITUTION, GIVE	RESIDENCE B	OR TOWN	(NC	13d INSIDE CIT	Y LIMITS?	13e. STREET	ADDRESS				
	Maryland			Ba	ltimo	re	YES X	NO 🗆	3102		risc	n Bl	lvd. 2	21216
14.1	ATHER'S NAME	MIDD	KE		AST		15 MOTHER	R'S MAIDEN	NAME	MIDDL	LE		LAST	
	Matthew	Ĥ.			owlke					Ma			Ower	ns
160.	WAS DECEASED EVER IN	U.S. ARMED F	ORCES?		AL SECURIT		17. INFORM				ADDRESS			Blvd.
	YES, NO OR UNKNOWN) (1	Korea		216	24 8	244	Georg	ge W	· FOM	lkes	310	)2 Ga	arriso	on
	18 CAUSE OF DEATH PART I DEATH WAS						FLITC			16, 6			APPROXIMA BETWEEN ON	ATE INTERVAL
	1/030	MMEDIATE CAL					lovasc	ular	Disea	se				
	4029	(	DUE TO, OR A	S A CON	SEQUENCE	OF								
	Conditions, if ony	nmediate ]	(b)				246							
	lying couse last.	he under-	DUE TO, OR A	S A CONS	EQUENCE (	OF .							133.7	
		(	(c)											
7	PART 2 OTHER SIGNIFICANT C	ONOITIONS CONTRI	UTING TO DEATH DU	IT NOT RELAT	EO TO THE TERM	INAL OISEASE	OR CONDITION	GIVEN IN PART	1 1 (a).					
CERTIFICATION	190. DATE OF OPERATI	ION	196. CONDITION	01100111	AUCH OPEN	ATIONILL	A C DEDECT:	1500					Towns	
ICA	170. DATE OF OPERATI	ION	170. CONDITIO	ONFORV	HICH OPER	ATION W	43 PERFORM	VED.					20 AUTOPS	
RTIE	21g. EXTERNAL CAUSE	WAS	216 TIME OF I	NIIIDV	470	11, 110	W INJURY (	OCCUBER		IDE OF HAR		07.1.00.0	YES [	NOXX
	UNDERLYING OR	2	HOUR A.M.		DAY YEAR	ZIC HC	AA IMJOKA (	OCCURRED	LENIER NATI	JRE OF INJURY	IN ITEM 18 PA	uki i QR PARI	2)	
MEDICAL	CONTRIBUTING CA		P.M.	FINITIPY	19	216 100	CATION							
ME		HILE [	STREET, FACTO				TREET		C	ITY OR TOWN		COUR	NTY	STATE
	AT WORK AT WO	RK -						_			_			
	22a I certify that I to	/		ibegabov	e, held on	Autops	у Ц.	Inspection	L	Inquiry X	X ond	in my opii	nion	
	death resulted from	Natural cau	ses XX	Accident	1, 4	icide ,	Homici	de 🔲 .	Undeterm	ined monne	er ,			
9	ACTUAL NO	0111.	2) 4/	hu	sho i	Min	TITLE (SP					DATE	1 01	0.4
1	SIGNATURE	mu	THE STATE OF THE S	my	1011	M.	D. ASS	istan	t MEDICA	LEXAMIN	ER	SIGNED	1-21	-84
	EXAMINER'S NAME	Donnia	F. Smy	th .	1 D		386	1	11 De	nn Ct	wort-			
220	(TYPE OR PRINT) BURIAL, CREMATION, REA						ADDRESS		11 Per		reer			
230.	Burial		8/84		Famil			Kf	Viront	ilin	2 II	COUNT		STATE
24.								5a. DATE RE	EC'D. BY RE		25b. REGIS	alif		Va.
	Nutter and S Home., Inc.	sons Fur	neradress	Pkwv -	, Bal	to. M	d.	JAN	2.14	984	2.	0	C.	18. :-
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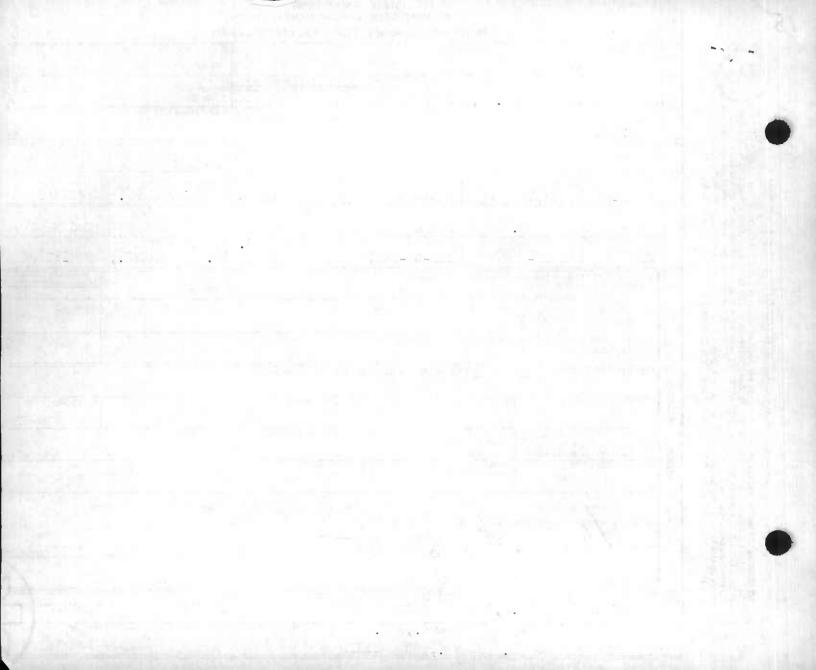
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BP\_\_\_\_\_ DHMH - 16 50M 1 (VRA 15, 4)

- ST	OR		STATE OF MARYLAND FOR HEALTH AND MENTAL HYG	SIENE O 64	0 0	11
	TATE EGISTRAR		RTIFICATE OF DEATH	REGIN	10	
	SED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YE	AR 2b HOUR
(TYPE OR P		44	Francis		1 18 84	
3 SEX			DATE OF BIRTH	6 AGE (IN YEARS LAST BI		1
0			MONTH DAY YEAR			AYS HOURS
₩ BIRTH	PLACE (STATE OR FOREIGN 7h	CITIZEN OF WHAT COUNTRY? 8	July 10, 1913	10	OR COUNTY OF DEAT	
COUN	VIRY)	M	ARRIED NEVER MARRIED	Y BALTIMORE CITY	DR COUNTY OF DEAT	П
Ma	DIFTOWN OF DEATH 11	//SA   WII	DOWED DIVORCED	Baltimor		
Iu. Cirr	ON TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRE		120 USUAL OCCUPAT	OF WORKING LIFE) INDUS	ND OF BUSINES TRY
Ba	Ltimore	ER INSTITUTION, GIVE POLICE BEFORE ADM	oital	Kennell	Ouner 1	011
130 STAT	ESTDENCE (IF NORS	ER INSTITUTION, GIVE RETIDENCE BEFORE ADMI	113d INSIDE CITY LIMITS?	13e STREET ADDRESS		7
	nuland Baltin	none Relau	YES NO NO	16015. 8	alling Rd.	21227
4 FATHE	FIRST ME		15. MOTHER'S MAIDEN NA		y	
Sun	men Francis		Alma Gett			LASI
160 WAS	DECEASED EVER IN U.S. ARME		NO. 17 INFORMANT	ADDR	ESS	
[TES IN	(IF TES, GIVE W.	2/2 20 27	78 B A K.	14 5000 -		24227
Lie	CALICE OF DEATH 5-4-4	one couse per line for (a), (b), and (c)	18   Bruce A. Ke	nt you a	st Urive	PROXIMATE INTERV.
co un PAI	ave rise to immediate ause (a), stating the oderlying couse last.  RT 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE (c) IDITIONS CONTRIBUTING TO DEATH		MINAL DISEASE OR CON	IDITION GIVEN IN PAR	PT Tia
Z		19b CONDITION FOR WHICH OPER	ration was performed	20a AUTOPSY?	20b. IF YES, WERE FI	
FICATIO	DATE OF OPERATION				IN CERTIFYING CAL	
ERTIFICATIO		21h TIAAF OF INLILIDY	216 HOW INTURY OCCUPA	YES NO	IN CERTIFYING CAL	ISES OF DEATH
Serie Certification (Certification)	DATE OF OPERATION  ACCIDENT WAS UNDERLYING  CONTRIBUTING  CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY	21c. HOW INJURY OCCURP		IN CERTIFYING CAL	ISES OF DEATH
0.0	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY Y	YEAR 19		IN CERTIFYING CAL	ISES OF DEATH
VEDICAL STATE OF STAT	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH IF EITHER NOTIFY MEDICAL EXAMINER)  INJURY OCCURRED	HOUR A.M. MONTH DAY	19 21f. LOCATION		IN CERTIFYING CAL YES   JRY IN ITEM 18 PART I OR PAR	USES OF DEATH
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22 u.	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH IF EITHER NOTIFY MEDICAL EXAMINER)  INJURY OCCURRED  MILE NOT WHILE ALWORK  I certify that (this hospital)  saw the deceased alive an above, (l) (we) (did) (did not) vi	HOUR A.M. MONTH DAY P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E) attended the deceased from ew the body ofter death.	21f. LOCATION TC)  21f. LOCATION STREET  19	CITY OR TO  to death accurred an the d  MEDICAL STA  DIRECTOR PHYSIC	IN CERTIFYING CALL YES  SET IN ITEM IS PART I ORPAR OWN COUNTY  19 ate and haur and from 22c. D  FF	SES OF DEATH NO []  172)  STA  that (I) (we the causes state ATE SIGNED
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22d.	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH  IF EITHER NOTIFY MEDICAL EXAMINER)  INJURY OCCURRED  MILE NOT WHILE ALL WAS ALL W	HOUR A.M. MONTH DAY P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FARM, E attended the deceased from ew the body offer death.	21f. LOCATION 10 21f. LOCATION 11 19 10 10 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 11	CITY OR TO  CHECTOR DEPARTMENT  AND DIRECTOR PHYSIC  AND LOCATION  CITY OR TOWN	IN CERTIFYING CALL YES   INT IN ITEM IS PART I OR PAR  OWN  COUNTY  19  22C. D  FF  CIAN   COUNTY	SES OF DEATH NO []  172)  STA  that (I) (we the causes state ATE SIGNED
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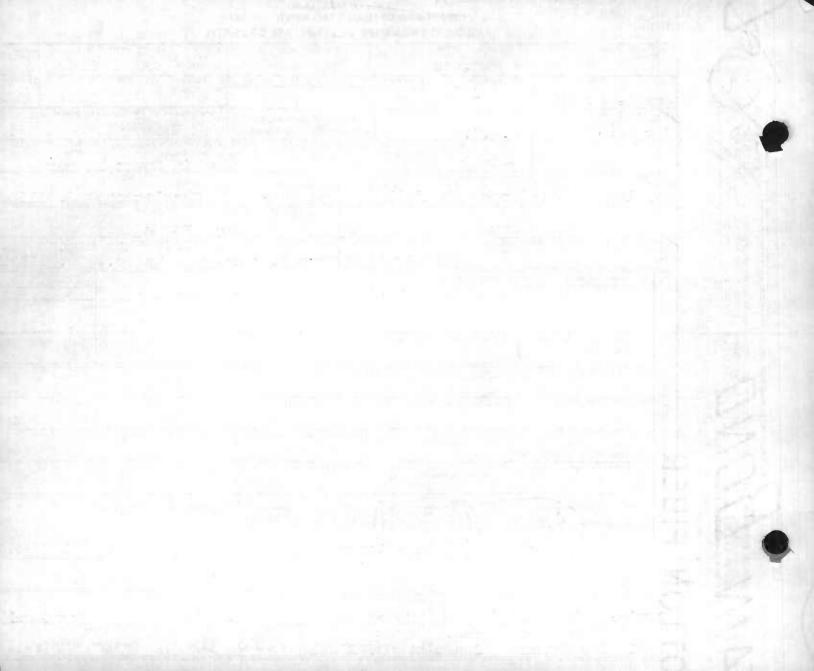
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Jerome Frank OF ESTI- DEATH MATED □ 1/30/84 <sub>19</sub>	b HOUR
Jerome  Jerome  I. Deceased Name First Middle Last 120 Date Known 2 Month Day Year 2 OF ESTI- DEATH MATED 1/30/84 19  1. Deceased Name First Middle Last 151 Decease In the North Death Mated 1/30/84 19  1. Deceased Name First Middle Last In the North Death Mated 1/30/84 19  1. Deceased Name First Middle Last In the North Death Month Day Year 1/30/84 19  1. Deceased Name First Middle Last In the North Death Month Day Year 1/30/84 19  1. Deceased Name First Middle Last In the North Death Month Day Year 1/30/84 19  1. Deceased Name First Middle Last In the North Month Day Year 1/30/84 19  1. Deceased Name First Middle Last In the North Month Day Year 1/30/84 19  1. Deceased Name First Middle Last In the North Month Day Year 1/30/84 19  1. Deceased Name First Middle Last In the North Month Day Year 1/30/84 19  1. Deceased Name First Middle Last In the North Month Day Year 1/30/84 19  1. Deceased Name First Middle Last In the North Month Day Year 1/30/84 19  1. Deceased Name First Month Day Year 1/30/84 19  1. Deceased Name First Month Day Year 1/30/84 19  1. Deceased Name First Month Day Year 1/30/84 19  1. Deceased Name First Month Day Year 1/30/84 19  1. Deceased Name First Month Day Year 1/30/84 19  1. Deceased Name First Month Day Year 1/30/84 19  1. Deceased Name First Month Day Year 1/30/84 19  1. Deceased Name First Month Day Year 1/30/84 19  1. Deceased Name First Month Day Year 1/30/84 19  1. Deceased Name First Month Day Year 1/30/84 19  1. Deceased Name First Month Day Year 1/30/84 19  1. Deceased Name First Month Day Year 1/30/84 19  1. Deceased Name First Month Day Year 1/30/84 19  1. Deceased Name First Month Day Year 1/30/84 19  1. Deceased Name First Month Day Year 1/30/84 19  1. Deceased Name First Month Day Year 1/30/84 19  1. Deceased Name First Month Day Year 1/30/84 19  1. Deceased Name First Month Day Year 1/30/84 19  1. Deceased Name First Month Day Year 1/30/84 19  1. Deceased Name First Month Day Year 1/30/84 19  1. Deceased Name First Month Day Year 1/30/84 19  1. Deceased Name First Month	b HOUR
Jerome  Frank  Jerome  J	h HOUR
Jerome  Frank  JEATH MATED 1/30/84 19  4. RACE   5. DATE OF BIRTH DAY YEAR NONTH DAY YEAR LAST BIRTHDAY MONTHS DAY SAR LAST BIRTHDAY MONTHS DAY SAR LAST BIRTHDAY MONTHS DAYS HOURS MIN.  WHITE   APR. 8, 1919   64 YRS.   76. BIRTHPLACE (SYATE OR   76. CHIZEN OF WHAT COUNTRY)   8 Y-X   9. BALTIMORE CITY OR COUNTY OF DEATH	
WHITE APR. 8,1919 64 YRS. PRONOUNCED DEAD 1/30/84 19	М
MALE WHITE APR. 8,1919 64 YRS. DEAD 1/30/84 19  70 BIRTHPLACE (STATE OR 70 CITIZEN OF WHAT COUNTRY? 8 Y-X 9 BALTIMORE CITY OR COUNTY OF DEATH	11:05
76 BIRTHPLACE (STATE OR 76 COUNTY OF DEATH	Ам
	7011
MARYLAND USA WIDOWED DIVORCED Baltimore City	MD.
D CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  120. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY)  FOR MOST OF WORKING LIFE)  12 KIND OF BUSING INC. (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	NESS
Baltimore Sinai Hospital PLUMBER PLUMBIN	IG
USUAL RESIDENCE (IF IN NURSING HORE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ACMISSION)  1.10. STATE   136. OUNTY   136. CITY OR TOWN   136. INSIDE CITY LIMITS?   136. STREET ADDRESS	
MARYLAND BALTIMORE BALTIMORE   136. CITY OR TOWN   136. INSIDE CITY LIMITS?   136. STREET ADDRESS   136. STREET ADDRESS   2405 SYLVALE RD. #21209	)
M FATHER'S NAME	
ROBERT H. FRANK FREDA KOGAN	
III. WAS DECEASED EVER IN U.S. ARMED FORCES? IND. SOCIAL SECURITY NO. 17. INFORMANT MRS. SOPHIEATRANK	
VES WILL-ARMY 217-05-5877 2405 SYLVALE RD. BALTO. MD 2120	)9
APPROXIMATE IN RETWEEN QUISE AT INC. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).)	TERVAL
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:  Arteriosclerotic Cardiovascular Disease	ND DEATH
PARTIDEATH WAS CAUSED BY:  4292  IMMEDIATE CAUSE (a)  Arteriosclerotic Cardiovascular Disease  Out To, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate  (b)  PARTIDEATH WAS CAUSED BY:  Arteriosclerotic Cardiovascular Disease  Out To, OR AS A CONSEQUENCE OF  (b)	
ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	
gave rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF	
Canditions, if any, which gave rise to immediate cause (a) stating the under-lying cause last.  (b)  DUE TO, OR AS A CONSEQUENCE OF	
Gover rise to immediate couse (a) starting the <u>under-lying cause last</u> DUE TO, OR AS A CONSEQUENCE OF  Lying cause last.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	
PART I DEATH WAS CAUSED BY.  PART I DEATH WAS	
196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  YES  216. EXTERNAL CAUSE WAS  216. TIME OF INJURY  HOUR A M. MONTH, DAY, YEAR  216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
AT AGENCY AND THE OFFICE OF OFERATION WAS PERFORMED!	
196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  YES   216 EXTERNAL CAUSE WAS UNDERLYING  OR  216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  197. DATE OF OPERATION  YES   210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	иоХ]
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O ECOLOGIC CONTRIBUTING CAUSE OF DEATH P.M. 19	
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WHILE NOT WHILE AT WORK AT WORK AT WORK	
270   Legrify that I taak charge of the remains describes above, held an Autopsy , Inspection X. Inquiry , and in my apinion	
226 I certify that I taak charge of the remains describe above, held an Autopsy I, Inspection XI, Inquiry I, and in my apinion death resulted from Natural causes XI Akrident I, Suicide II, Hamicide II, Undetermined manner II, TITLE (SPECIFY)  DATE 1/30/0	
TITLE (SPECIFY)	
ACTUAL SIGNATURE	34
ASSISTANT MEDICAL EXAMINER SIGNED 1/30/8	
Type OF PRINT Dennis F. Smyth, M.D. ADDRESS III Penn St., Balto., Ma. 21201	19'-3
236 BURIAL, CREMATION, REMOVAL 236 DATE FEB. 1, 1984 CHIZUK AMUNO BALTTMORE COUNTY MARYLAND	
BP BURIAL FEB.1,1984 CHIZUK AMUNO BALTIMORE COUNT MARYLAND	)
DHMH-17 (VR A15 ME (5))  24. FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.  250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE  PEB 8 1984	

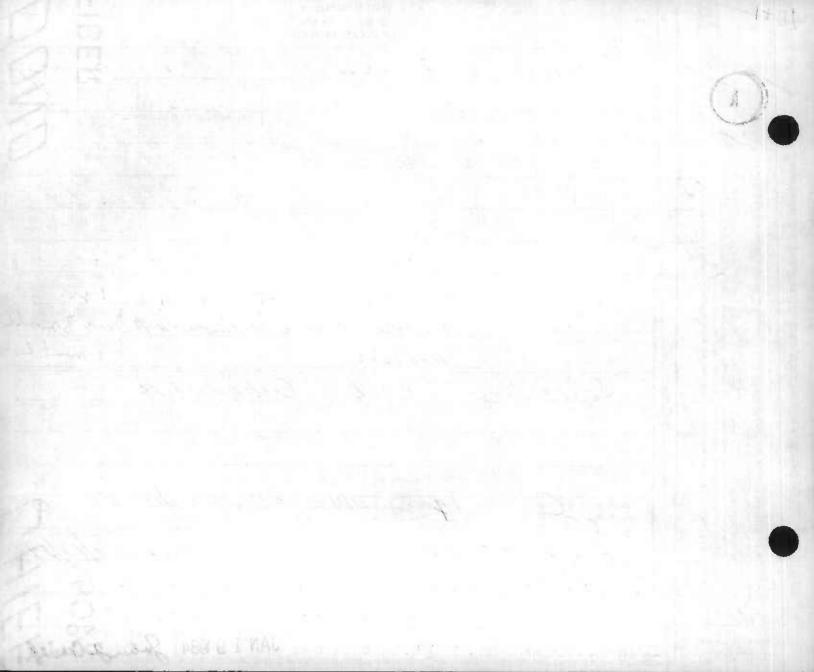


MEDICAL EXAMINER'S CERTIFICATE OF DEATH PROCESSIONAME Mary Agnes Prank DEATH MAITED   31 1984 Mary Prank Mary Agnes Prank Mar	REGISTRAR    DECEASED NAME   FIRST   MIDDLE   LAST	31 1984 M 31 1984 P:15A 31 1984 P:15A MYY OF DEATH City, MD 172b. KIND OF BUSINESS OR INDUSTRY Keeper At Rd. 21222 LAST
DECEASED NAME   THE	Decased Name	31 1984 M 31 1984 P:15A 31 1984 P:15A MYY OF DEATH City, MD 172b. KIND OF BUSINESS OR INDUSTRY Keeper At Rd. 21222 LAST
Continue	Mary Agnes Frank    Agnes   Frank     Agnes	31 1984 M 31 1984 P:15A 31 1984 M NTY OF DEATH City, MD 1726. KIND OF BUSINESS OR INDUSTRY Keeper 11 Rd. 21222 LAST
TEXAMENTERS NAME  TO SHARED WHITE SO PROPERTY  THE BRITHSPLACE (SHARED WHITE CANDED AND THE SHARED SO PRODUCED SO	3. SEX 4. RACE   S. DATE OF BIRTH   MONTH   DAY   YEAR   MONTH   DAY   M	DAY YEAR 2d HOUR 31 1984 9:15A M  NITY OF DEATH  City, MD  172b. KIND OF BUSINESS OR INDUSTRY  Keeper  At Rd. 21222  LAST  Clesmont Rd.
Remaile   White   5 9 9 6 87 vs.	Eemale White 5 9 96 87 vrs.  76. CITIZEN OF WHAT COUNTRY?  Maryland  U.S.A.  WIDOWED DIVORCED  Baltimore  WIDOWED DIVORCED  Baltimore  USUAL RESIDENCE (# IN NURSING ADME OR OTHER INSTITUTION, GIVE RESIDENCE (# IN NURSING ADME OR OTHER INSTITUTION, GIVE RESIDENCE (# IN NURSING ADME OR OTHER INSTITUTION, GIVE RESIDENCE (# IN NURSING ADME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  130. STATE  NARYLAND  WIDOWED DIVORCED  Baltimore City Mospital  124. USUAL OCCUPATION (TYPE OF WORK FOR MORK FOR MOST OF WORKING LIFE)  Live in House  131. CITY OR TOWN  Maryland  Baltimore  Dundalk  WIDOWED DIVORCED  Baltimore City Mospital  126. USUAL OCCUPATION, (TYPE OF WORK FOR MORK FOR	31 1984 9:15A MITY OF DEATH City, MD ITE KIND OF BUSINESS OR INDUSTRY Keeper At Rd. 21222 LAST Clesmont Rd.
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MARKED   MOOKED   Baltimore City, MOOKED   Baltimore City   Bost   Baltimore City   Bost   Baltimore City   Bost   Baltimore City   Bost   Baltimore   Baltimore City   Bost   Baltimore   Baltimore City   Bost   Baltimore   Baltimore City   Bost   Baltimore   B	Maryland  U.S.A.  WIDOWED TO DIVORCED  Baltimore Company  Maryland  U.S.A.  WIDOWED TO DIVORCED  Baltimore Company  III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Baltimore City Hospital  Live in House  STATE  NO. CITY OR TOWN  Baltimore City Hospital  U.S.A.  Baltimore City Hospital  Live in House  STATE  NO. CITY OR TOWN  Baltimore City Hospital  DISJUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136. STATE  NO. CITY OR TOWN  Baltimore City Hospital  DISJUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136. STATE  Maryland  Baltimore City Hospital  Live in House  Town ARRIED IN NEVER MARRIED IN NO. CITY OF TOWN  137. CITY OR TOWN  DISJUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  138. STATE  Maryland  Baltimore City Hospital  139. STREET ADDRESS  7860 Charlesmon	City, MD  175 KIND OF BUSINESS OR INDUSTRY  Keeper  nt Rd. 21222  LAST  Clesmont Rd.
Baltimore	Baltimore City Hospital Live in House    State   Port   Post   Po	Keeper  At Rd. 21222  LAST  Clesmont Rd.
Baltimore	Baltimore City Hospital Live in House    State   Port   Post   Po	Keeper  nt Rd. 21222  LAST  clesmont Rd.
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SET   STATE	A LEATURE NAME DELIVERY NAME DELIVERY NAME OF THE PROPERTY NAME OF THE P	rlesmont Rd.
Not Known    Inc., WAS DECEASED EVER IN U.S. ARREST PRICES?   Inc. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   18. CONTINUE OF INVESTMENT   18. COLOR WAS ORD DATES   18. SOCIAL SECURITY NO.   17. INFORMANT   18. COLOR WAS ORD DATES   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   PART I DEATH WAS CAUSED BY   INFORMANT   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   PART I DEATH WAS CAUSED BY   INFORMANT   INFORMAN	TID MOINER'S MAIDEN NAME	clesmont Rd.
R. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).   PART I DEATH WAS CAUSED BY.   DUE TO, OR AS A CONSEQUENCE OF	FIRST MIDDLE LAST FIRST MIDDLE	
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EXAMINER'S NAME (TYPE OR PRINT)  THOMAS D. SMITH, M.D. ADDRESS 111 Penn St. Balto, Md.  [136 BURLAL, CREMATION, REMOVAL 23b DATE (SPECIEV)]  Burial 2/4/1984 Moreland Baltimore Maryland	AT WORK AT WORK	
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STATE OF MARYLAND



(VRA 15, 4)



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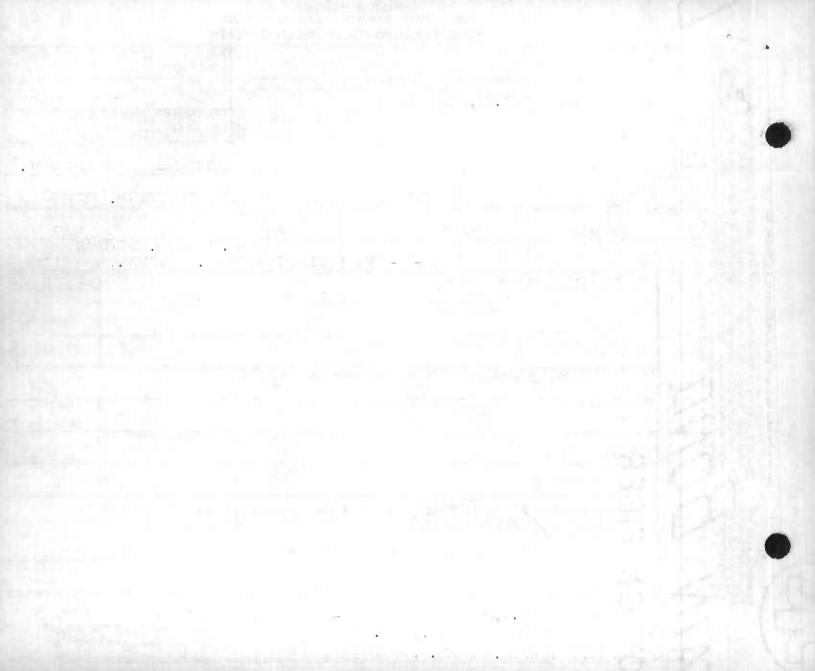
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Funeral Home, Inc.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physic should be detached for use as the burial-transit permit. Then please remove corban papewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. frem 18 show STATE OF MARYLAND

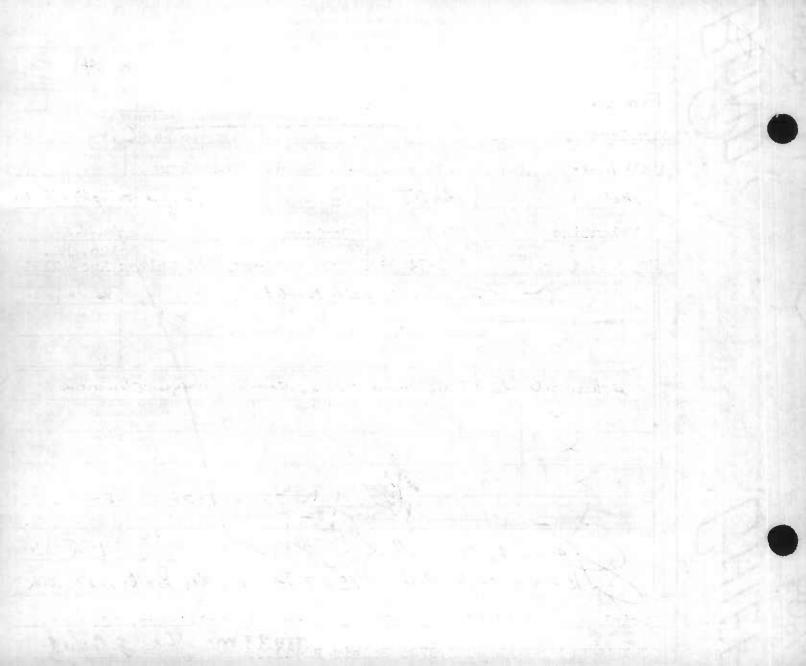
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAL	?		DEPAR		EALTH AND MENTAL HYG	REG. NO	o.		0 0
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3. SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER TYEAR	IF UNDER 24 HRS
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Maryla		USA		WIDOWE		Daltim	MD.		
0 CITY OR TOW	N OF DEATH		HOSPITAL, NURS		OR OTHER INSTITUTION	12a USUAL OCCUPATE			OF BUSINESS OR
Baltir	nore	merid	ian No	15, NS	Center-Hamilton	Homemake	er	-	
JSUAL RESIDENCE	CE (IF NURSING HOME O		GIVE RESIDENCE BEF		1134. INSIDE CITY LIMITS?	13e STOFFT ADDRESS	ZIR COD	Balto	Мд
Mr	1	,,,,,,	Bal	lo	YES NO	218 N. B			
14. FATHER'S NAM	AE				15. MOTHER'S MAIDEN NA	ME	CIIIO.	LUAVE	
TRST	entine	MIDDLE	LAST		FIRST	MIDDLE		TAIL.	ST
	SED EVER IN U.S. A	RMED FORCES?	King	CURITY NO	Barbara 17 INFORMANT	ADDRE	SS -	Ehrm	
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underlying		DUE 10, O	R AS A CONSEC	DUENCE OF				17 15 15	
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5	×						FYING CAUSES OF DEATH?		
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	UTING CAUSE OF D	110110		DAY YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF INJU	SA IM ILEW 18	PART T OR PART 2)	
(IF EITHER, N	NOTIFY MEDICAL EXAMIN		M.	19					
<u> </u>	OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFIC	F FARM ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
AT WORK	AT WORK			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				- 1	
220.1 certif	y that (1) (this has		e deceased from	n /4	NP 19/1	10 /-2	,	19 1	that (# (we) last
	ne deceased alive a		19	84.0	nd that in (my) (aux) opinion	death occurred on the de	ote and hou	or and from the	couses stated
22h. SIGNA		or, view the body	difer death		DEGREE			22c. DATE	SIGNED /
/	Ver	C.dl	70	Mel	ATTENDING PHYSICIAN IS	MEDICAL STAI	FIAND	1-2	X-84
22d. PHYSI	LAME (TYPE	OR PRINT)		-	27e ADDRESS	- DIRECTOR - TITISIC			9 0 /
/	INH	NC. A	4/0 M	D	7527 17	lan Rel	Roll	6112	Suc 25
	NON		/				N-WO	0 111	JO MAC
(SPECIFY)	MATION, REMOVA				CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
Buria	1	1/31	/84	Holy	Redeemer	Balti	more,	, Md.	

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

SCHIMUNEK FUNERAL HOME, 9705 Belair Rd



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO. MIDDLE 20. DATE OF DEATH MONTH Frindman - FIRERUDE DINAN 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED T 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª LISUAL OCCUPATION 17h KIND OF BUSINESS OR INDUSTRY 136 COUNTY 13d INSIDE CITY LIMITS? YES X NO [ 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO I IF YES, GIVE WAR OR DATEST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)\_ DUF TO, OR AS A CONSEQUENCE OF BSTHUCTION BOWNI DUE TO, OR AS A CONSEQUENCE OF NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20b. IF YES, WERE FINDINGS USED 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO [ YES [ 210. ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 21h. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (this hospital) attended the deceased fram saw the deceased alive an. and that in (my) (and opinion death occurred on the date and have and from the causes stated above, (1) (a) (did) (did got) view the body after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN [ DIRECTOR PHYSICIAN 124 JAYSEIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF GEMETERY OR CREMATORY STATE COUNT

(VRA 15, 4)

DHMH - 16 50M 4/83

FOR

REGISTRAR

I. DECEASED NAME

14. FATHER'S NAME

FIRST

(YES, NO OR LINKNOWN)

0

Conditions, if any, which

gove rise to immediate couse (o), stoting the

underlying cause lost

90 DATE OF OPERATION

21d. INJURY OCCURRED

AI WORK

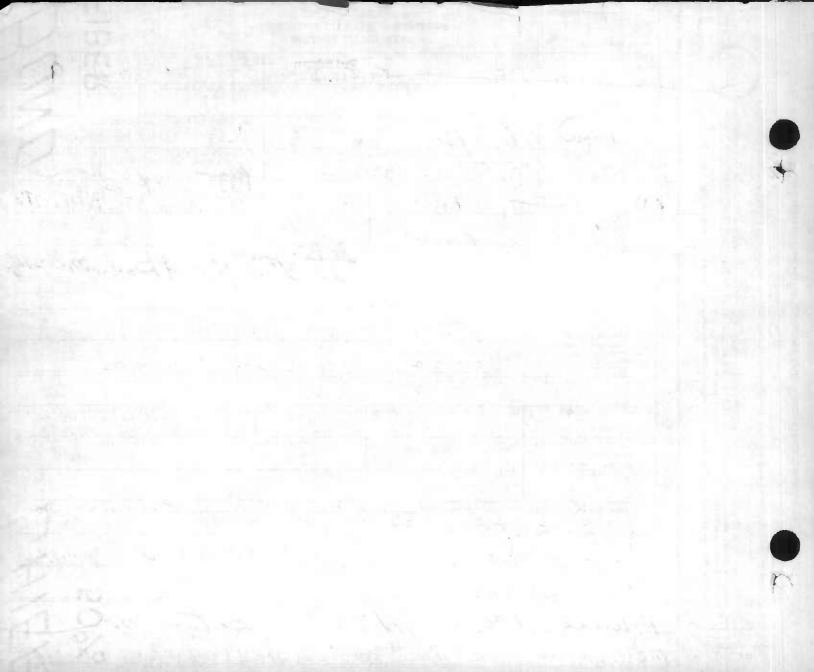
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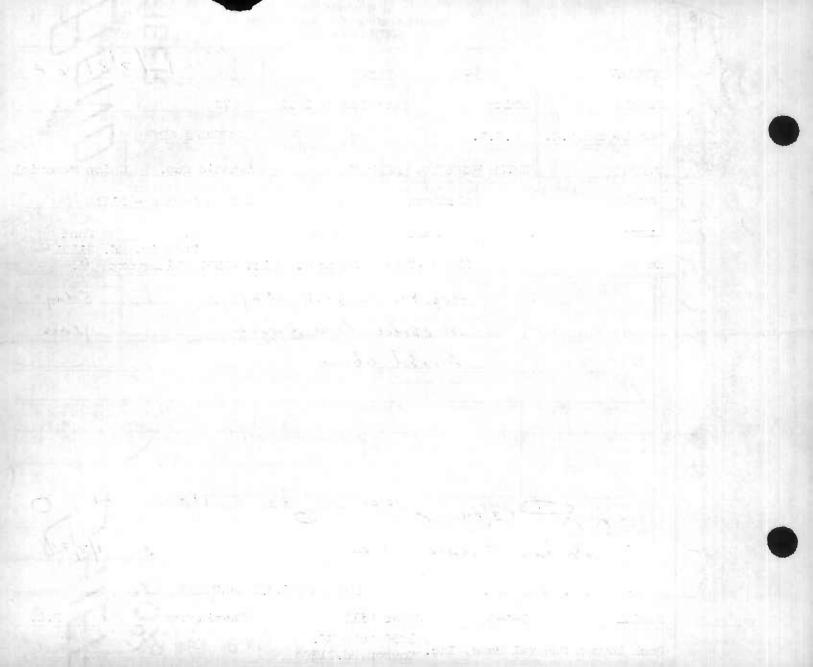
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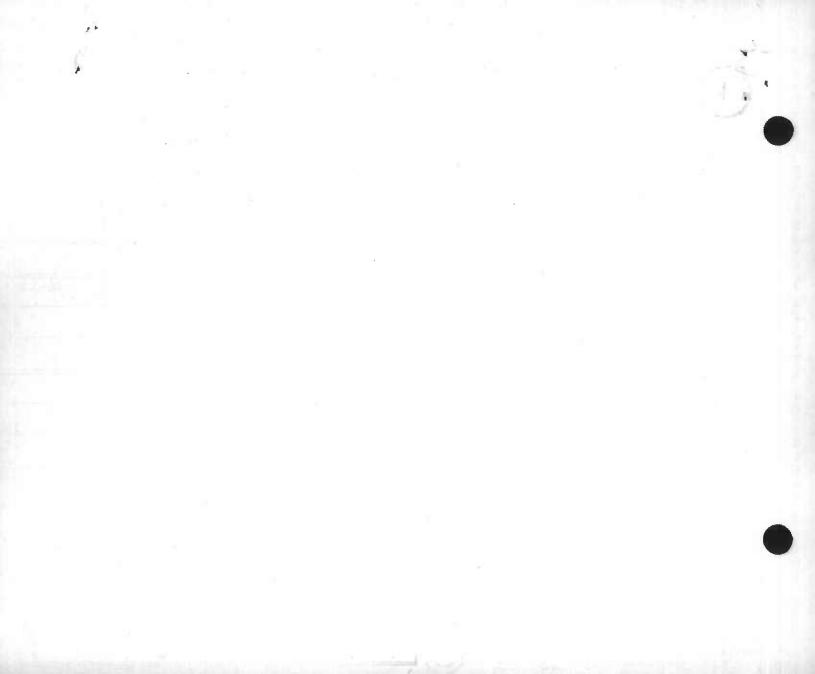
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250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



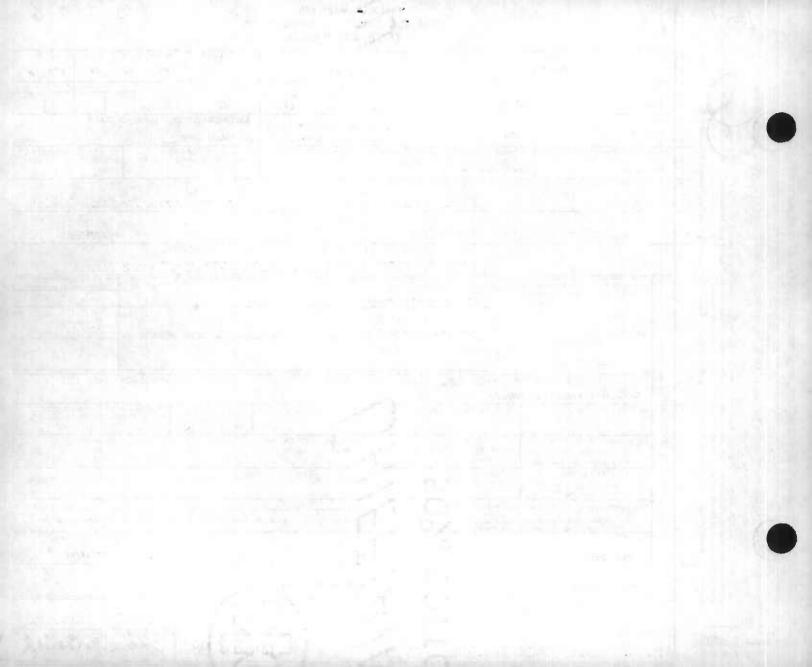
(VRA 15, 4)





Juntania Ar, 1980 The Orl SURE POPELS 912 5 5 5 5 5 1 and the selection out to death out the e Ville Silly interest #1.5,50 pm. 1.8. itometi e occi mus, inc. miten., d.2131211 N 25 194 Accident

		REGISTRAR  CEASED NAME FIRST OR PRINT)	WIDDLE		LAST	REG. NO.  20. DATE OF DEATH MONTH D	20. 1100K	
1		FREDRICA		- It a	FURLOW	01 2		
	1. SE	ue.	4. RACE NEGRO		ATE OF BIRTH MONTH DAY YEAR  PZ Z1 Z8		FUNDER I YEAR IF UNDER 24	
35		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT	M	ARRIED NEVER MARRIED	BALTIMORE CITY OF COLINTY	OF DEATH	
D	10	TY OR TOWN OF DEATH			ME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS INDUSTRY	
	130. 9	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR	NTY 13c. C	esidence before admis city or town altimore	13d. INSIDE CITY LIMITS YES X NO	?   130. STREET ADDRESS   731 Lyndhurst A	venue 21229	
20	14. FA	THER'S NAME Frederick	MIDDLE	Furlow	15. MOTHER'S MAIDEN Zeddie	NAME	Carter	
/	16a. V	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV YES	F WAR OR DATES)	SOCIAL SECURITY I		ADDRESS Furlow 731 Lyndhurs	Avenue  APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	
y injury, ar other froumotic	CERTIFICATION	ASIVO, UTN rheumator	(c)CONTRI		BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION GIVE		
Suows on		190. DATE OF OPERATION			ATION WAS PERFORMED	YES NOW YES		
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M.		EAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21s. PLACE OF IN. (AT HOME, STREET, FAC	JURY CTORY, OFFICE, FARM, ET	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE	
OM 51 17 1		220. I certify that (I) (this hospi sow the deceased alive on above, (I) (we) (did) (did no		The state of the s	, and that in (my) (our) opin	, to, 1 ion death occurred on the date and hour		
ZT. # frem		22b. SIGNATURE Stew Ballus			DEGREE  ATTENDIN PHYSICIAL	G MEDICAL STAFF N □ DIRECTOR □ PHYSICIAN ☑	221. DATE SIGNED 01/26/84	
		STEVEN BALLAS, M.O.	OR PRINT)		220 ADDRESS SINAL HOSPITAL			
IMPORTANT: IF		51000, 101.0						



injury, ar other troumotic event, the

STATE OF MARYLAND

DEPARTA ENT OF HEALTH AND MENTAL HYGIENE

1.	FOR - STATE REGISTRAR	DEPARTA	ENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		00384
1. DE	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
(TYPE	MICHAL	E1 VI/	Emperal	444	21 du 6-45
3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	RIHDAY) IFUNDER I WAR IF UNDER 24 HRS
	10.10		MONTH DAY YEA	IR P	MONTHS DAYS HOURS MIN.
72. 8	IRTHPLACE (STATE OR FOREIGN )	CAUCASIAN	3-10-2	7 36	YRS.
/G. D	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIE	D D SALTIMORE CITY C	DR COUNTY OF DEATH
13	actiones		WIDOWED DIVORCE		MORE CITY MD.
In c	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN  (IF NOT IN SUCH FACILITY, GIVE STREET.		12a. USUAL OCCUPAT	
	BALTIMORE	SOUTH BALTIM	ORE GEN. HOS		r Keterre
	AL RESIDENCE (IF NURSING HE DILL)	OTHER INSTITUTION, GIVE RESIDENCE BEFORE		ITS? 113e STREET ADDRESS	/ 71P CODE 2/330
	nd -	Baile	YES NO	1.303 Hes	e It, But the
14. F/	ATHER'S NAME		15 MOTHER'S MAID	EN NAME	1
1 /	Mich and =	MIDDLE LAST	26 SY	i mind	LAST
	WAS DECEASED EVER IN U.S. AR		RITY NO. 17. INFORMANT	ADDR	ESS (200 2123/
14	YES, NO OR UNKNOWN) (IF YES, GIV	TORDATES) 2116-	-21/20- M	1. F 30 Oci	1626 Fol
	The state of the s	Celay git	90-4000 110	CACIN G. SILL	APPROXIMATE INTERVAL
16	8 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line far (o), (b), and D BY:			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	2309 IMMEDIAT	TE CAUSE (a)	essis		
	000/	DUE TO, OR AS A CONSEQUE	NCE OF		
	Conditions, if ony, which gove rise to immediate	(b)			
	couse (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF		
	underlying cause lost.	(c)			
_	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CON	IDITION GIVEN IN PART ITO
O N	APENO CARCI	NOMA OF P	ROSTATE		
3	190. DATE OF OPERATION		OPERATION WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WERE FINDINGS USED
Ē	NONE	NA		YES TO NOT	YES NO TO NO TO
CERTIFICATION	21a. ACCIDENT WAS UNDERLYING			CCURRED (ENTER NATURE OF INJU	
	OR CONTRIBUTING CAUSE OF DEA	117	AY YEAR		
MEDICAL	(IF FITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. PLACE OF INJURY	19 21f LOCATION		
ME	WHILE A NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F.		CITY OR TO	OWN COUNTY STATE
	AT WORK AT WORK				
		tal) attended the deceased from			
		t) view the bady after death.		pinion death occurred an the d	ate and hour and from the couses stated
	22b. SIGNATURE	1 10.0	DEGREE	INC. MEDICAL STA	22c. DATE SIGNED
	Plorante lie	hard y - M	ancas MDATTEND PHYSIC	ING MEDICAL STA	
	22d. PHYSICIAN'S NAME (TYPE O	RPRINT)	22e ADDRESS		
	FLORANTE RI	ICHARD MAN	CAO SOUTH	BALTIMORE	GEN- HOSPITAL
23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE 1 23c. N	NAME OF CEMETERY OR CREMAT		2 / /
-3	0/10/2/	1 MINION 12	Jalu Carest	Pen Gry ORLOWN	Traction of Sup
24.4	JNERAL DIRECTOR	1.7017	FORT AVEL	DALE REC'D BY REGISTRAR	25b. RPG)STRAR'S SIGNATURE
1	SAPPLES STEVENS	EXNERAL ADDRESS !	mediti	FEB 2 1984	John & Carried

DHMH - 16 50M 4/83 (VRA 15, 4)

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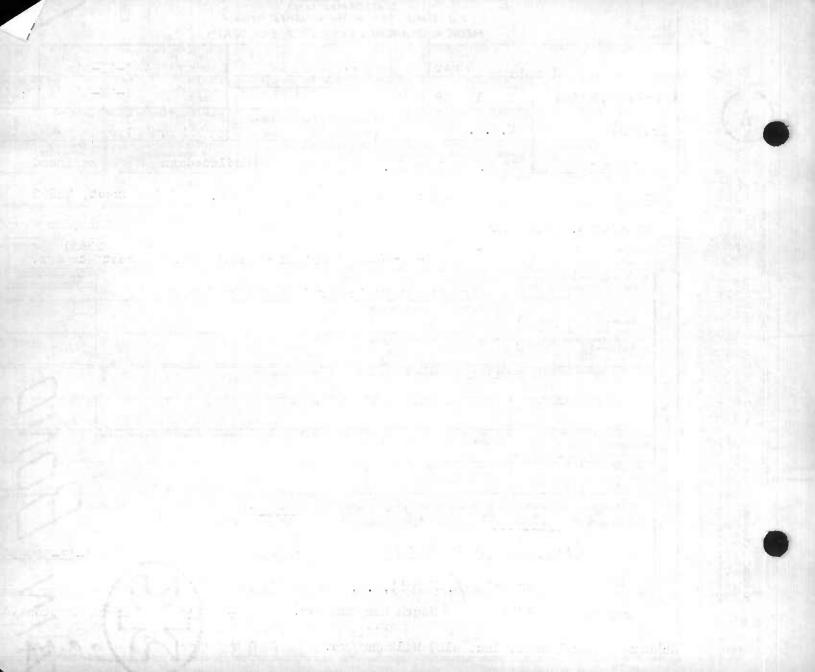
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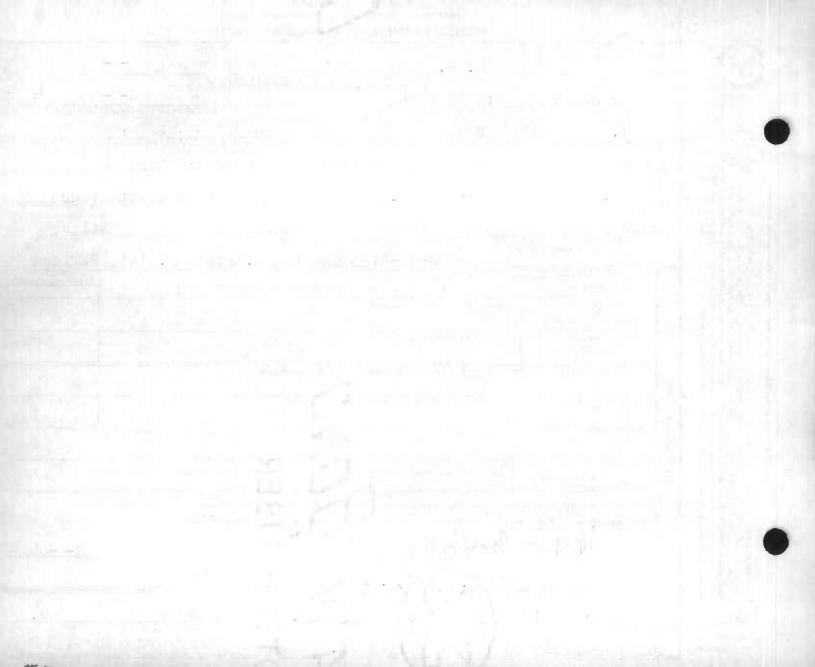
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h		FOR STATE		DEPARTMENT OF				0 0	7 7	al ma
/ /		REGISTRAR	ME	DICAL EXAMIN	IER'S C	ERTIFICATE		REG. NO.		
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TAXA-	(117		KATIF L.	М.	GAMBE	RELL	OF ES	TED 1-5-	-84 19	M
A STATE	1.5E)		S. DATE OF BIRTH	6 AGE (IN YE	ARS IF UN	IDER TYR. IF UNDER	R 24 HRS. 2c. DATE	MONTH	DAY YEAR	
255 TS	77	702 -1	MONTH DAY	YEAR LAST BIRTHD		S DAYS HOURS	MIN. PRONOUNCED	1-5-	-84	4:05P
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- SERVE ENTRY		REIGN COUNTRY)	76. CITIZEIN OF WI	HAT COUNTRY?		ED NEVER MARE	HED U	CITI OR COOM	1 OF DEATH	
22032		Md.	US		WIDOW		IZO USUAL OCCUPATI	more City	/	MD
A PAGE	IID. CI	TY OR TOWN OF DEATH		SPITAL, NURSING HOMI	E, OR OTH	ER INSTITUTION	FOR MOST OF WORKING	ON (TYPE OF WORK	OR INDUS	USINESS TRY
200 44 6 66	/ B	altimore	6011 Pre	escott XXXX	X Av	enue	Domestic	Work		-
この今日を	USUA	AL RESIDENCE (IF IN NURSING HOM TATE 1136 COL	E OR OTHER INSTITUTION, GI	INE RESIDENCE BEFORE ADMISSI	ION)	113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		2101	ok
る野遊覧の	140. 3	Md.	NIT	Balto.		YES E NO		escott	Avenue	
No Oran	14. F/	ATHER'S NAME				15. MOTHER'S MAID				
Mar 200		Turner	WIDDLE	Lee		Katie			LAST	
KAN-		VAS DECEASED EVER IN U.S. A	ARMED FORCES?	16b. SOCIAL SECURIT	Y NO.	17. INFORMANT	A	DDRESS	Miller	
NISION /		ES, NO, OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)						77 7 7	Av.
DIVISION /		No		220-07-8	135	Charles	L.Brown S:	c. 1419	Bello	
		IB CAUSE OF DEATH (Enter PART I DEATH WAS CAUS							APPROXIMA BETWEEN ONS	
PERMIT NAL		IMMED	IATE CAUSE (a) Ar			ardiovascu	ılar disease			
655		7272		AS A CONSEQUENCE	OF					
IN THE MEDICAL EXAMINER AND USED AS A BURBAL-RANSIT OF HEALTH AND MENTAL HYGOL, CREMATION, OR REMOVED TO THE MEDICAL CREMATION, OR REMOVED TO THE MEDICAL CREMATION OF THE MEDICAL CREMATION OR THE MEDICAL CREMATION OF THE	100	Canditions, if any, which								
EXAMINER BAL-TRANS O MENTAL ON, OR REA		couse (a) stating the unde		AS A CONSEQUENCE	OF					
Z X X		lying cause last.	(c)							
ATIC		PART 2 OTHER SIGNIFICANT CONDITIO		BUT NOT RELATED TO THE TERM	AINAL DISEASI	OR CONDITION GIVEN IN P	ART I (n)			
EX.	Z					The state of the s				
0,7	MEDICAL CERTIFICATION	190 DATE OF OPERATION	19h CONDI	TION FOR WHICH OPER	RATION W	AS PERFORMED?			20 AUTOPS	Y?
1	5									
7	E	216 EXTERNAL CAUSE WAS	27b. TIME O	F IN II IPV	21. H/	OW INTERVOCCUE	ED LENTER NATURE OF INJURY	D) ITEM 10 DARY 1 OF THE	YES	NO X
1	2	UNDERLYING OR CONTRIBUTING CAUSE O		MONTH DAY YEAR	R ZIC. FIC	JAA HAJORT OCCURR	ED TEMIER NATURE OF INJURY	N HEM REPART FOR PAR	KT 23	
J	2									
	E I	214 INJURY OCCURRED WHILE NOT WHILE	STREET FAC	OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION	CITY OR TOWN	COL	JNTY	STATE
	1	AT WORK AT WORK				S. 19 71				
0,21201		220. I certify that I took cha	rese of the remains de-	scribed above, held	Autap	sy . Inspectio	lanuis V	and in muse		
2			44.3						nnen	
MARYLAND		death resulted fram: No	tural causes XX.	Accident L, Su	ucide	, Hamicide	Undetermined manne	· [_],		
MARY		ACTUAL TOTAL	to the	16,11		TITLE (SPECIFY)	COLUMN TO SERVICE	DATE		0.4
2	1	SIGNATURE	~ ~ WIC.	Jim	M	D. Assista	MEDICAL EXAMINE	R SIGNE	D_1-6-	84
8/	1	EXAMINER'S NAME	District of	. It was to the	D.	111	Penn Street			
Z WORL A		(TYPE OR PRINT)M	argarita A			ADDRESS				
42	23a.B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CE	METERY O	R CREMATORY	23d. LOCATION CITY OR TOWN	COUN	ITY	STATE
		Burial	1/9/84	Cedar	Hill	Cem.	Brookl			d.
7	24 F	UNERAL DIRECTOR	ADDRESS	CL. CHEMONIA				Sh. REGISTRAR'S S	IGNATURE	
))	C	hatman-Harri		1 McCullo	h St	LAY.	9 1984	Joan S	2 Calus	
		110 0110/11 110/11			~ ~ `	1 1 1 1 1 1 1 1				



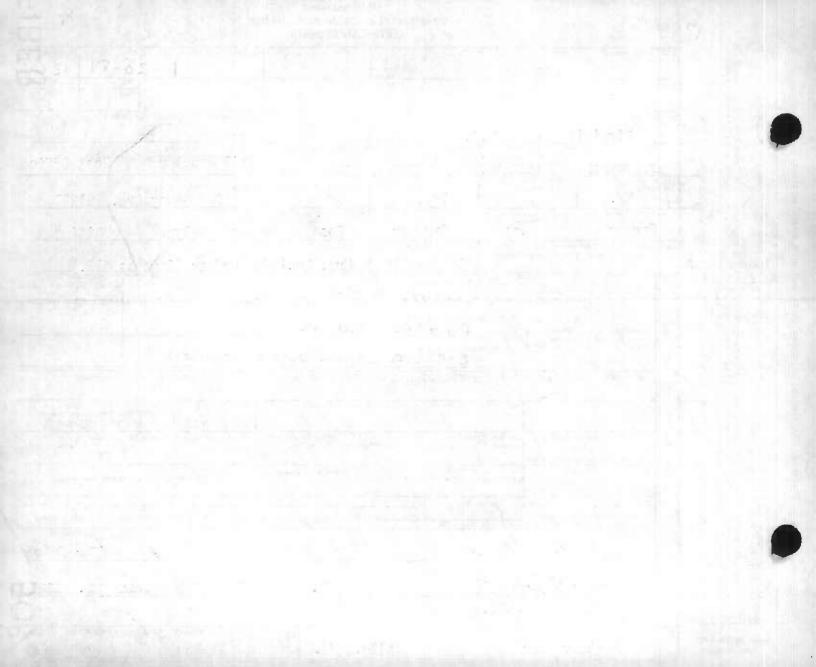
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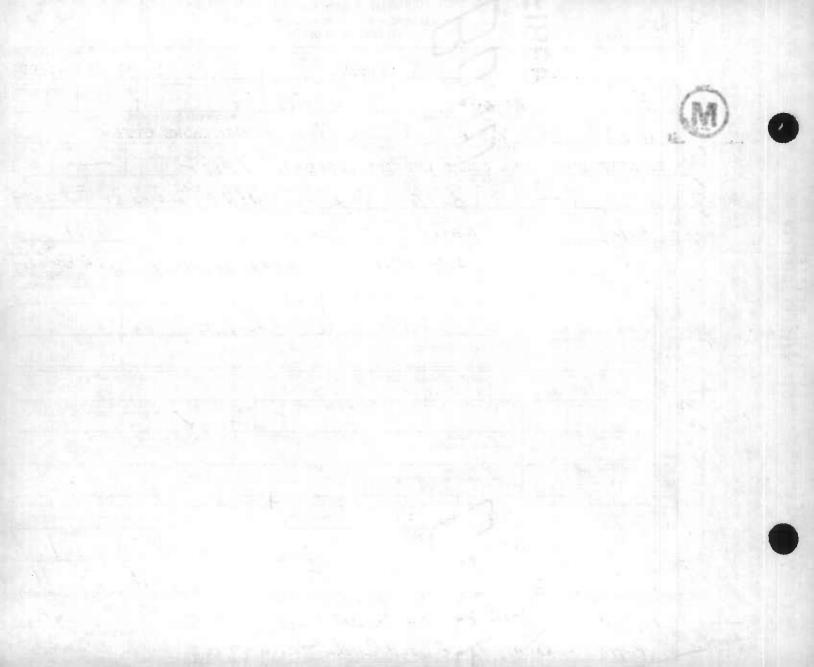
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

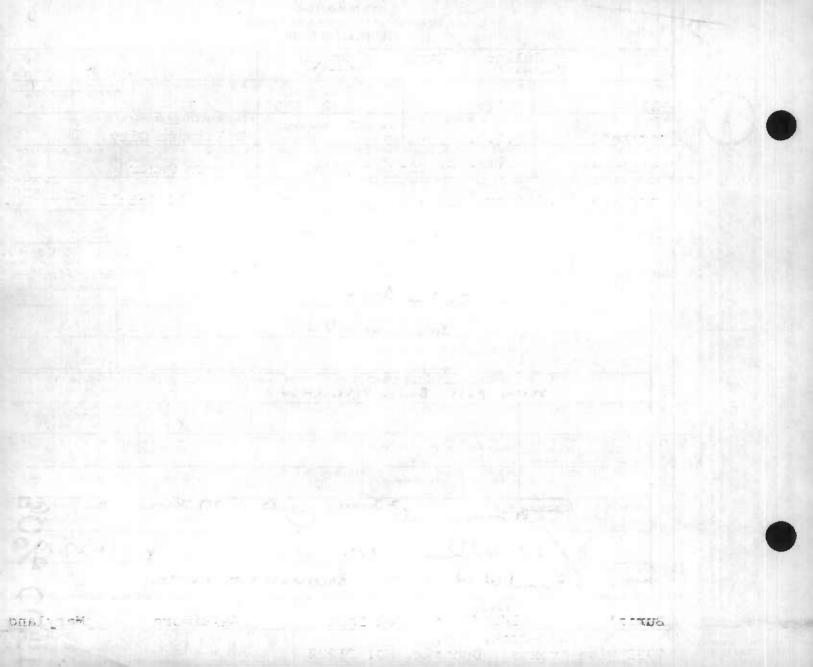
į.	1 -	FOR STATE REGISTRAR		DEPARTM		EALTH AND	MENTAL HYG	IENE REG	NO.	0 7	7 3		
		CEASED NAME FIRST		MIDDLE	~	AST A D	100	20. DATE OF DEATH	HINOM	DAY YEAR	26 HOUR	-	
	1. 583	DEII	1 RACE	J	5. DATE O	OF RIPTH	VEIS	6 AGE (IN YEARS LAST	1-11	- 84	II AM	-	
	/	Female	White	distribute	MONT		26		57 YRS.	MONTHS DAYS	HOURS MIN.	•	
K		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIED NEVER MARRIED			9 BALTIMORE CITY	- 1110	Y OF DEATH		-	
1		agerstown, MD	USA		WIDOWE		VORCED	Balt	imore	City	MD		
1	112	ITY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INST	ITUTION	12a USUAL OCCUPATION 12b KIND OF BUSINESS C					
2	March .	altimore AL RESIDENCE (IF NURSING HOME OF	St	Agnea. Hosi	oita]			Istouse.	Wife		tome		
Ó	13a. S	STATE 13b COU		13c. CITY OR TOWN		13d. INSIDE C	ITY LIMITS?	13e. STREET ADDRES		Avenue	11173		
	14 FA	ATHER'S NAME	- Library	LAST			MAIDEN NAM	ME		Avenue	رماده الم		
2		May	NOOLE WONTH	/ IAST		1	mese	Mac	4 50.	Wood	ford		
1	()	YES NO OR UNKNOWN) (IF YES, GI	MED FORCES?	16b SOCIAL SECUR	ITY NO.	17 INFORMA	NT /	PI) P ADI	DRESS	2.2	121,223		
		NO  18 CAUSE OF DEATH (Enter or				Was 1	ula 1	Brocks	321	Tiller	1 Cens	:	
,	CERTIFICATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (199 DATE OF OPERATION)	DUE TO, OF	R AS A CONSEQUEN  R AS A CONSEQUEN  ONTRIBUTING TO DE	ICE OF	THROP	TO THE TERM						
1	THE							YES NO	IN CERT	IFYING CAUSES	OF DEATH?		
1	DICAL CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	SIR	M. MONTH DAY	YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF IN	YJURY IN ITEM TS	PART'I OR PART 2)			
	MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (	OF INJURY EET, FACTORY, OFFICE, FAR	M ETC )	211. LOCATIO STREET	Й	CITY OR	TOWN	COUNTY	STATE		
		220.1 certify that (1) (this hasp saw the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE		deceased fiding		DEGREE	, 19_84 (aut) apinion o	death occurred an the	date and ha				
1		27d PHYSICIAN'S NAME (1996 of Michael E. F		M.D.			PHYSICIAN [	DIRECTOR   PHY		11/	12124		
	23a B	SURIAL, CREMATION, REMOVAL			WE OF C	EMEJERY OR C	CREMATON	23d LOCATION	- 1	CONNTY	1 MATE D	=	
	24 FU	B. UNAC	1//4/0	7 46.6	ter.	1111 B	250 DATE	REC'D. BY REDISTR	ARIZSH REGIS	TRAR'S SIGNAT	west MC	-	
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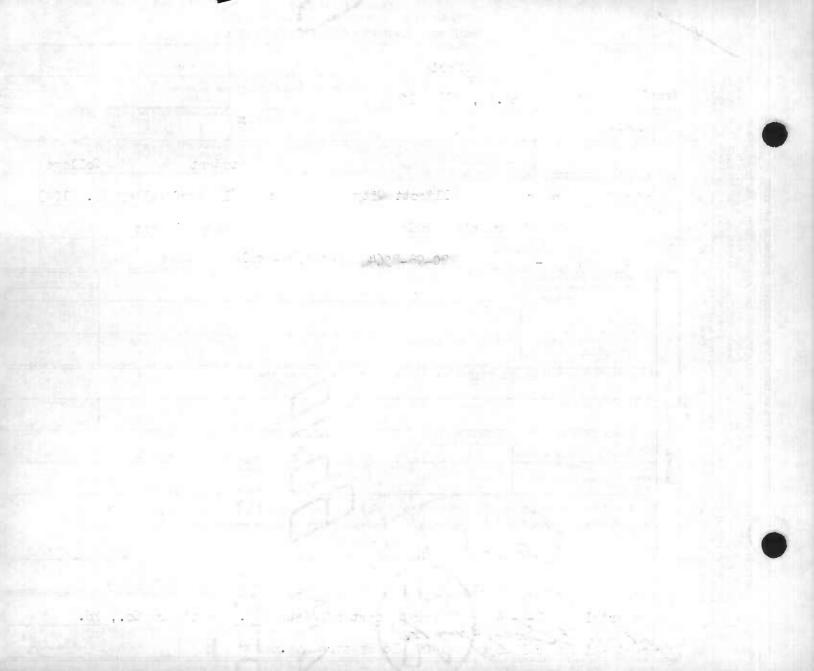
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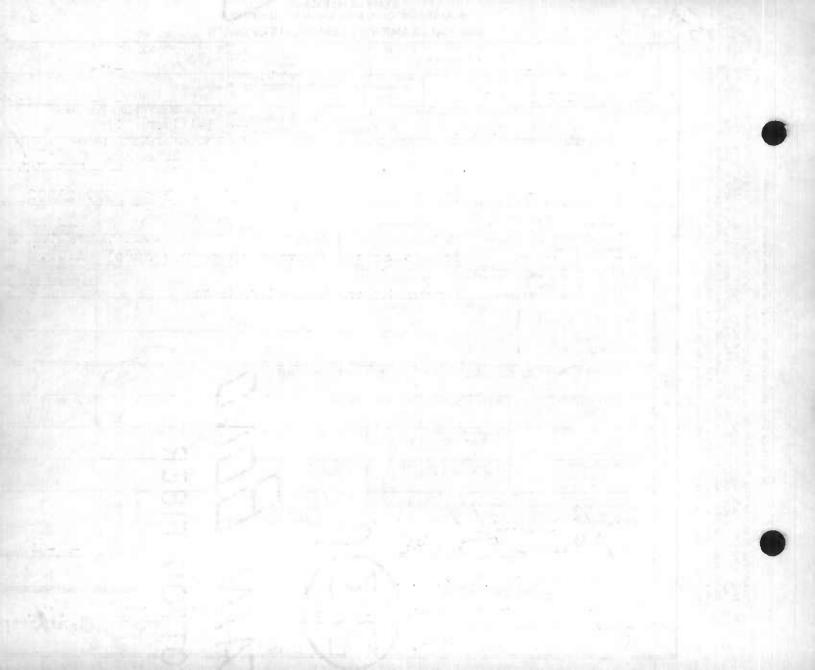




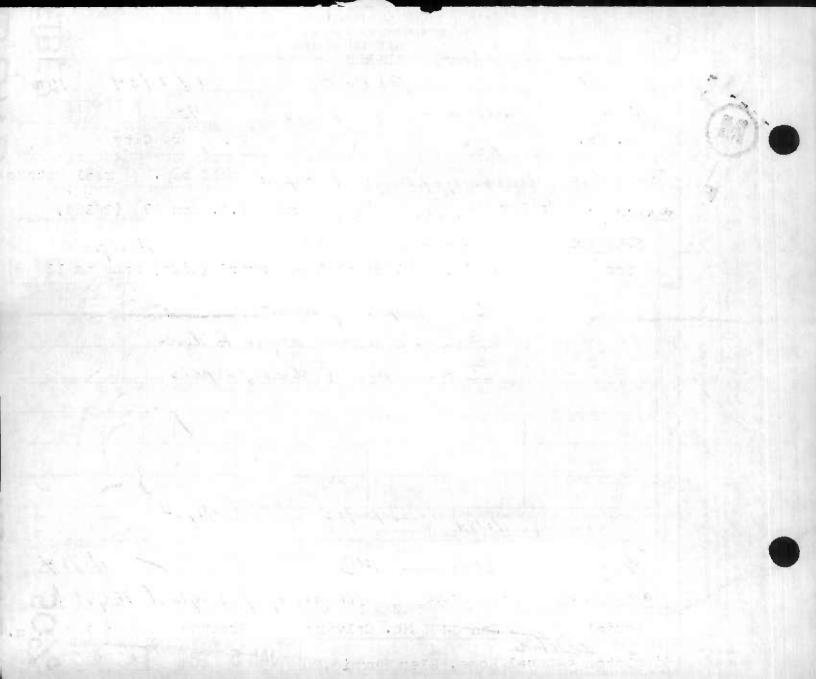
91.	FFOR - STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	NO.
	ECEASED NAME FIRST  YPE OR PRINT)  Ange	Middle LAST 20. DATE KNOW! OF ESTI- DEATH MATEL	
Fer		15. DATE OF BIRTH LAST BIRTHDAY) AND THE DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD	MONTH DAY YEAR 24 HOU 1 1 19 84 6:55
2	BIRTHPLACE (STATE OR OREIGN COUNTRY)  Maryland	MARRIED NEVER MARRIED K	Y OR COUNTY OF DEATH timore City, ME
	Baltimore	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  University Hospital  120. USUAL OCCUPATION FOR MOST OF WORKING LIFE)  Student	
130. S	aryland 136		alley Rd. 21043
1		eph Francis Geckle Is Mother's Maiden Name Nancy Simm	
160	WAS DECEASED EVER IN U.S. AI (YES, NO, OR UNKNOWN) (IF YES, GIV	MED FORCES? WAR OR DATES)  220-98-8564  Joseph Geckle  Same	ESS
>	Conditions, if ony, which gave rise to immediate couse (a) stating the under lying cause last.	TE CAUSE (a) Multiple injuries  DUE TO, OR AS A CONSEQUENCE OF  (b) DUE TO, OR AS A CONSEQUENCE OF  (c) (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ATION	PART 2 DINER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
AL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING OF	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITE	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (ATHOME, 21f LOCATION	COUNTY STATE
	deoth resulted from: Nor	Autopsy Inspection I, Inquiry I, Folkouses I, Academ X, Suicde I, Homicide I Undetermined monner I TITLE (SPECIFY)  M. Deputy Chiefmedical Examiner	ond in my opinion  DATE SIGNED 1/1/84
23o. E	EXAMINER'S NAME (TYPE OR PRINT) BURIAL, CREMATION, REMOVAL (SPECIFY)	CITY OR TOWN	COUNTY STATE
-	Burial FUNDAL RECTOR FUNDAL RECTOR FUNDAL RECTOR FUNDAL RECTOR	1-4-84 Sacred Heart of Jesus Cem. Baltimor	



dia.												
8												
MIDDLE LAST 20. DATE KNOWN MONTH DAY YEAR 26. HOUR												
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Carlo Carlo	•	REGISTRAR		,			ICATE OF DEAT	TH	REG. NO.			
100	1. DEC	EASED NAME ROS	Pit.	Mo	amn)	GER	RD		20 DATE OF DEATH MOI	NTH DAY	YEAR 2	b. HOUR
· (MA)	(TYPE	ROS				GE	RARD		1/:	2/8	4	11:10 A
10/2	3. SEX		4. RA	ACE		5 DATE			AGE (IN YEARS LAST BIRTHDA	MON		FUNDER 24 HRS
	1	male		Canco		MONT 9		YEAR	7.3	YRS.		MIN.
	70. BI	COUNTRY . Va.	GN 7b C	US I		MARRIE WIDOW	NEVER MARK		Baltimore city or c	Cit	Y	MD.
	10 CI	Bultimer	1 1	(IF NOT IN SUCH F	ACILITY, GIVE STR	EET ADDRESS)	OR OTHER INSTITUT		120. USUAL OCCUPATION MYPE OF WORL FOR MOST OF WO SELF EMP	ORKING LIFE)	12b. KIND OF E	BUSINESS OR estate
2120 d in b	USU/	AL RESIDENCE (IF NURSING F	OME OR OTHER	113		ORE ADMISSION	113d INSIDE CITY L	IMITS? 1	3e.STREET ADDRESS / ZI		999	90
AND	22_	W. Va.	Tay1	or	Frat to	n	YES NO	XX	P.O. Box	97	(2635	4)
MARYL ed within ond 2 s	14 FA	SAW uel	MIDDL	.E	Gera	rol	15. MOTHER'S MA		E WIDDLE		Manfr	eda
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours system and completely filled in bi opers. Pages, 1 and 2 should be in wol. it, the medical exagnator most con-		AS DECEASED EVER IN L			36/56		Kathlee	en Ge	rard (wife	e) sa	mé as	13
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTING PHYSICIAN. The low requires that the death certificate by contending physician.  When this certificate has been signed by the attending physician os the buriol-transit permit. Then please remove carbon papers, the and Mental Hygiene prior to buriol, cremotion, or removal.  orked or them 18 shows any injury, or other troumatic event, the	NO	Conditions, if ony, wh gave rise to immedicate (a), stating	CAUSED BY MEDIATE CA	DUE TO, OR A	endio As a consect Marl to As a consect in trans	Vernice OF	ystem wind a not related to	orga bus THE TERMIN	n Failer	LON GIVEN	APPROXIMA BETWEEN ON!	NE INTERVAL SET AND DEATH
hos been permit.	CERTIFICATION	190 DATE OF OPERATION	١	196. CONDITIO	ON FOR WHI	CH OPERATIO	N WAS PERFORME	D	YES NOT	Ob. IF YES, W CERTIFYIN YES [	VERE FINDING	S USED F DEATH?
OF VITAL ICIAN: The a physicio ertificate to iol-transit atal Hygie em 18 ste		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE	E OF DEATH		MONTH		21c. HOW INJURY	Y OCCURRE	D (ENTER NATURE OF INJURY IN			
UG PHYSICIA ottending p fer this certifis the buriol- is the buriol- h and Mental rked or ttem	MEDICAL	(IF ETTHER, NOTIFY MEDICALE:  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	11 3	P.M. 21e. PLACE OF (AT HOME, STREET	INJURY T. FACTORY, OFFIC	TE, FARM, ETC.)	214 LOCATION STREET		CITY OR TOWN		COUNTY	STATE
ATTENDIA Spotol or CTOR: Af or use of for use or 1 is mo		22a.1 certify that (1) (this saw the deceased a above, (1) (we) (did)	live on	1/2/8	4 19				to	and hour a	nd from the co	
CO HOSPITAL OR etoined by the hospital of the hospital of the standard be detached with the State Depth MAPORTANT: If the		NATURE  NELLOL  M. PHYSICIAN'S NAME		Will	kna			NDING SICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		1/2/	18 4
O HOSPITA TO FUNERA Should be de with the Stot		MALLOLIN					Unice	71/7	of Maylan	el 1	Hospita	el
60009	23a E	URIAL, CREMATION, REM		6 Jan			EMETERY OR CREM	MATORY	Grafton	c	Taylo:	r W.Va.
DHMH - 16 50M 4/83 (VRA 15, 4)	24. Ft	ngleton F	The	4	ADDRES			I I A	N 5 1984			



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR			HEALTH AND MENTAL HY	GIENE S REG. N	0	) U U
	DECEASED NAME FIRST	MIODIE		LAST	110-01	MONTH DAY YEAR	2h HOUR
L	JENN			RBER	January :		630/PM
3.	SEX	4. RACE	S. DATE	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER I YE	
1	Female	White		8, 1894	89	YRS	S HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	- DAIEVED HADOUED D	9 BALTIMORE CITY O	R COUNTY OF DEATH	
1	Ohio	U.S.A.	WIDOW		Baltimore		MD.
	Baltimore	(IF NOT IN SUCH FACILIT	AL, NURSING HOME  Y, GIVE STREET ADDRESS)  11age Nurs	ing Home	12a USUAL OCCUPATI	F WORKING LIFE) INDUSTR	OF BUSINESS OR
1	ISUAL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RES	IDENCE BEFORE ADMISSION				
ĸ	Maryland 136 COU		altimore	YES X NO 1	3315 Batav	ia Ave	21214
1	FATHER'S NAME		ar crimor c	15 MOTHER'S MAIDEN NA			m 7 m 7 .1
1	Relman	W Pau	LAST	Lucy	WIOOFE	Varney	LAST
4	in WAS DECEASED EVER IN U.S. AF		OCIAL SECURITY NO.	17 INFORMANT	ADDRE		
T	(YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR OATES)					
-	No	21	5-30-0950	Mrs Luciel	M Long 8510		
	RATTI. DEATH WAS CAUSE  Conditions, if pny, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A	CONSEQUENCE OF	to Muyorand ships artisis	selevoris	tion -	Oxumate interval en omset and death
	PART 2 OTHER MONIFICANT	CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CON	DITION GIVEN IN PART	110
	190 DATE OF OPE ITION  210 ACCIDENT WAS UNDERLYING	196 CONDITION F	OR WHICH OPERATION	DN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUS YES T	
	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJU		21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUR		
		ATT.	ONTH DAY YEAR				
	OR CONTRIBUTING CAUSE OF DE.	21e PLACE OF INJI		211 LOCATION			
1	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACT	ORY OFFICE, FARM ETC )	STREET	CITY OR TO	WN COUNTY	STATE
В	22a.1 certify that (1) (Nos-hosp saw the deceased alive an	1/2	11/ 10 84	nd that in (my) (aur) apinian	death occurred on the do	ate and hour and from the	., that (I) (we) last
	above, (I) (wa) (did no	it view the body after d	eoth.	DEGREE			TE SIGNED
	Albu	- B Brask	las ?	ATTENDING	MEDICAL STAF	FF 2/	1/84
1	22d. PHYSICIAN'S NAME (TYPE C	OR PRINT	8	77e ADDRESS			
1	Albert B. Bro		*	4900 Bel A		timore, Mar	yland
23	BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE	73c NAME OF	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
L	Cremation	2/2/84	Westv	iew	Baltimore		VIDIE

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If Item 21 is

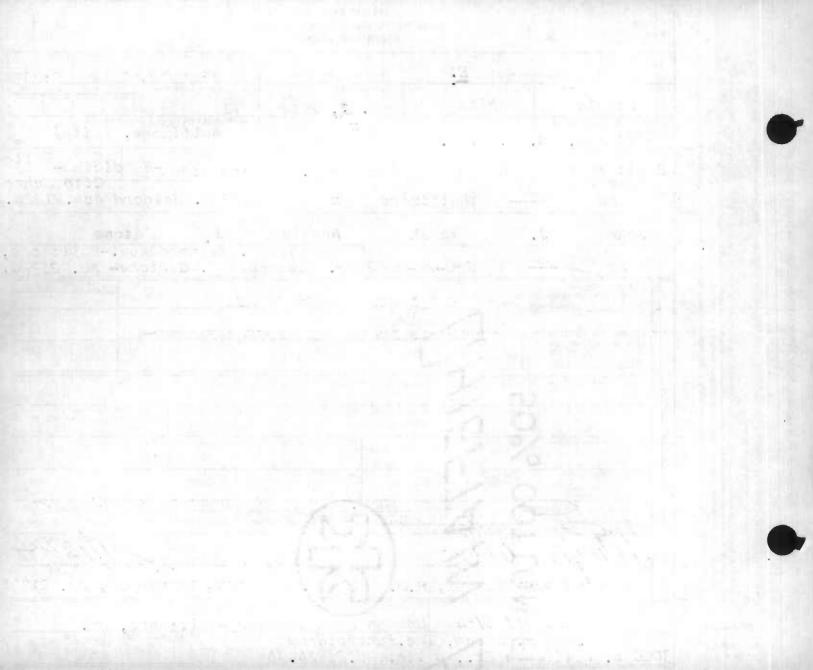
Leonard J. Ruck, Inc. Baltimore, Md.

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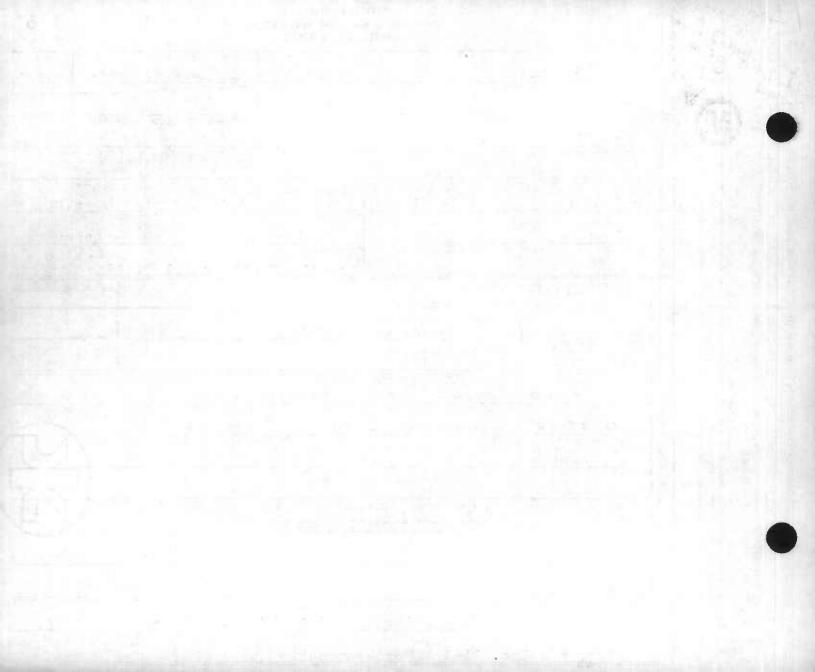
B	FOR STATE REGISTRAR			DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTA IFICATE OF DEATH		REG. NO	0 1	0 (	) 2
	1. DECEASED NAM		MIDDLE		LAST	20. DATE O	F DEATH "	AONTH DAY	YEAR 2b	HOUR
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softer a	FEMA!	CE	WHITE	NOV	• 6 DAY 1932	R	YEARS LAST BIRTH	MONTHS	DAYS HO	URS MIN.
nerol dir	70. BIRTHPLACE (COUNTRY) MD.	TATE OR FOREIGN	U.S.A	MARI	IEDXX NEVER MARRIE	BZ BZ		ORE CIT		MD.
s offer d	BALTII		(IF NOT IN SUCH FACILITY	Y, GIVE STREET ADDRESS)	HOSPITAL	TTYPE OF WO	OCCUPATION FOR MOST OF CUT!	WORKING LIFE) INDI	KIND OF BU USTRY OVE I	PROD.
AND 212 24 hours filling in much be	USUAL RESIDENCE 130 STATE MD.	(IF NURSING HOME O	ROTHER INSTITUTION GIVE RES NTY 13c. CI	DENCE BEFORE ADMISSION OF TOWN ALTIMORE	138 INSIDE CITY LIM	175? 13. STREET 4800	ADDRESS /	ZIP CODE OWWOOD	AVE.2	21209
BALTIMORE, MARYLAND cate be executed within 24 greater rages ( and 2 should red to the medical and 2 should the	JAMES		MIDDLE	AFFORD	MARY	EN NAME	WIDDLE		MMON S	5
1MORE,	NO OF UNKN	D EVER IN U.S. AI	IVE WAR OR DATES)	-28-5111	PHILLIP	GERVAS	ADDRES	SBAND)	SAME APPROXIMATE ETWEEN ONSE	ADDRES
he death certifu be attending phenomena contains matten, or remains	Conditions, gove rise couse (a), underlying	if ony, which to immediate stating the couse last	DUE TO, OR AS A	consequence of	Rond.	A chile	Q SE OR COND	UTION CIVEN IN E	PAPI have	A S
The low require clon.  The low require clon.  Is permit. Then giene prior to but	Etho 130 DATE OF	OPERATION	196. CONDITION F	OR WHICH OPERAT	ON WAS PERFORMED	200 AUT	OPSY?	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS AUSES OF I	USED DEATH?
DIVISION OF VITAL OR ATTENDING PHYSICIAN: by the hospitol or offending physical DIRECTOR: After this certifical detoched for use of the buriol-from the Dept of Health and Mental Hysical Education of Health and Mental Hysical Hysical Is marked or (em. 18).	OR CONTRIBUT  (IF EITHER, NO  21d. IN JURY (  WHILE  AT WORK	NOT WHITE AT WHOM AND	HOUR A.M. M P.M.  21e. PLACE OF INJU (AT HOME, STREET, FACT	ONTH DAY YEA  J.  JRY  ORY, OFFICE, FARM, ETC.)	ond that in (my) (aur) d	pinion deoth occurr	CITY OR TOW	te and hour and fr	, that	
TO HOSP retained by To Fune should be with the Shorth	23e. BURIAL, CREM	LELLY ATION, REMOVA	L 236 DATE	231 NAME O	CEMETERY OR CREMA	TORY 234 LOC		Josp.		
BP		URIAL	1/16/84	Holy E	tedeemer	CIT	Balt	imore	TY	Md.
DHMH - 16 50M 4/83	24 FUNERAL DIRECT	Schimun	ek Funera	lande,	Inc.	SO. DATE REC'D. BY	REGISTRAR 2	Sb. REGISTRAR'S S	D 13	318

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/n/	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B	0 1 0 0 4		
	17195	CARROLL LLD		GIBBS Je	2a. DATE OF DEATH	MONTH DAY YEAR 2h HOUR  29 84 810PM  HOAY) IF UNDER 1 YEAR IF UNDER 24 HRS		
1/(A)	1.56	nale	RACE O/ V	5. DATE OF BIRTH  MONTH  2.4-1894	89	MONTHS DAYS HOURS MIN.		
and a series	CI	Arksburg md	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	BACT	RCOUNTY OF DEATH  INDREGING  INDR		
4 17 19	B	ACTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET	HOSP		FWERKING LIFE) INDUSTRY		
th 24 ho	122	AL RESIDENCE (IF NURSING HOME OR OTH TATE / 136 COUNTY	13t. Coy OR TOY	YES NO		DWOOD PARKWAY		
the base of the same of the sa		LLUYL MD	(31005 S	R. SARAI	Ellen ADDRE	Gibson		
te emen	164.	VAS DECEASED EVER IN U.S. ARME VES NO OBUNKNOWN) UF YES, GIVE W	Derores? 166. SOCIAL SECU Der Dates) 218-09-	1008A Mr. Bernine	Sohnson (	1/2 Wild WOTH PARKUM APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
quires that the death certification of the chanding at the place remove corbors to buriol, cremation, or remotive, or other travinate eve	2	NO	NO	Canditians, if any, which gove rise to immediate cause (D), stating the underlying apuse last.  PART 2. OTHER SIGNIFICANT COM-	(b) DUE TO, OR AS A CONSEOU  (DUE TO, OR AS A CONSEOU  (c)	2612	MINAL DISEASE OR CONG	DITION GIVEN IN PART 110
G PHYSICIAN. The low requires the offending physician.  If the buriol transit permit Then plan und Mental Hygania pilor to buriol had oc them 18 shows goy ellury, or a	CERTIFICATION	1% DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?  YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO		
SECIAN: T ng physici certificate analonami cental Hyg	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	AY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJUR	RY IN ITEM IB PART I ORPART ?)		
MG PHY after this on the bi	MED	216, INJURY OCCURRED  WHILE NOT WHILE NORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I		CITY OR TO	WN COUNTY STATE		
LL OR ATTENDING the hospital or the hospital or etuched for use the Dept. of Health		220.1 certify that (I) (this hospital saw the deceased alive an obave, (I) (we) (did) (did no	1129 19	DEGREE ATTENDING	m death occurred an the do			
O HOSPITA  FIGURE BY  TO FUNERA  TO FUNERA  TO FUNERA  THE SIGH  MPORTANT		22d. PHYSICIAN'S NAME TYPE OR PO	OHA, V	2600 2600	LIBER	TYHEHTS		
BP	1	JUYIA/	23h DATE 23-84 G	NAME OF CEMETERY OR CREMATORY ATTISON FORESTRIC	en Balla	25b. REGISTRAR'S SIGNATURE		
DHMH - 16 50M 4/83 (VRA 15, 4)		OSEPH LIRECTOR	155 2225 W	North Ave. F	FR 9 1084	In his I Capiel		

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3	1.	FOR STATE REGISTRAR		DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	REG. NO	0	1 0 0	8
oy be	[TYPE		Hun	MIDDLE	Cin	as beig	4	1 3	0 84 10	200 am
Poge 4 may	3. SE	Mal	1 RACE Wh	it	S. DATE O	F BIRTH 1910	6. AGE (IN YEARS LAST BIR	YRS.	NTHS DAYS HOUR	DER 24 HRS
in Pearth. P	4	OUNTRYL	won U	S , A	MARRIE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	<u>k</u> COUNTY O	PDEATH	MD
by the fu	1	Saltimor	SIN SU	CCC GIVE STRE	to Sn	ROTHER INSTITUTION	126. USUAL OCUPATI (TYPE OF WORK FOR MOST O BREAD WRA	ON F WORKING (1FE) PPER	12b. KIND OF BUS INDUSTRY KOESTERS	
in 24 hour filled in mould be	130.	Maryland E	COUNTY Sellmon	13c. CITY OR TO	WN I	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	ByRd	21207	
ompletely and 2	]4.)E/	Bernard	WIDDLE	CAMSI	bey	15. MOTHER'S MAIDEN NA FANN IE	MIDDLE		MATZ LAST	
n and co	16a. )	VAS DECEASED EVER IN U. (ES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES? YES, GIVE WAR OR DATES)	2/2-10	6846	17 INFORMANT MAS. 3302 KEZR	•	21207		
equires that the death cer n signed by the attending Then please remove carbo ro burial, cremation, or re injury, or other traumatic e	NOI	Canditions, if any, white gave rise to immedia cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICATION CANDIDENTAL CANDID	ch (b) (b) (ch te		el hep	Pate and Reliver clist	Pegnoty Pas	Jang.	N IN PART 110	
The low residen.  The how resident has been as permit.  Shows any is	CERTIFICATION	190 DATE OF OPERATION			CH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	WERE FINDINGS UNG CAUSES OF DI	ISED EATH?
SICIAN ng phys certifica priol-tro	MEDICAL CE	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXA	OF DEATH HOUR A	P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IY IN ITEM 18 PART	T 1 OR PART 2)	
G PH er th ond ond	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	AT HOME, S	OF INJURY TREET, FACTORY, OFFICE	,	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
Spitol o STOR. I for use of Heo of Heo	9	22a.l certify that (I) (this saw the deceased ali abave, (I) (we) (did) (c	haspital) attended t ve an did nat) view the bad	he deceased fram 19 y after death.		d that in (my) (aur) apinian	death accurred on the do	ite and haur a	nd fram the causes	
# # Dod	M	22b. SIGNATURE	a. Prof	9	MI	ATTENDING PHYSICIAN	MEDICAL STAI	FIAND	1 BO	184
TO HOSPITAL stoined by th TO FUNERAL should be det with the Stote (MPORTANT:		226. PAYSICIAN'S NAME (NOR)	A. PI	eafi-		7903 Book	& ford circl	e Pike	Nille 1	Nous
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DHMH - 16 50M 4/82 (VRA 15, 4)	24 F	NAME SO	OL LEVINSO	ON & BROS	SMD INC		E RECD. BY REGISTRAR B 1 1984	25b. REGISTRA	R'S SIGNATURE	20

VOMOBILE. 3 478 

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 2a. DATE OF DEATH MONTH (TYPE OR PRINT) Ral January 18. 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS Male Caucasian June 22. 1900 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH 78. BIRTHPLACE ISTATE OR FOREIGN MARRIED MEVER MARRIED Maine U.S.A. Baltimore City WIDOWED DIVORCED [7] 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)

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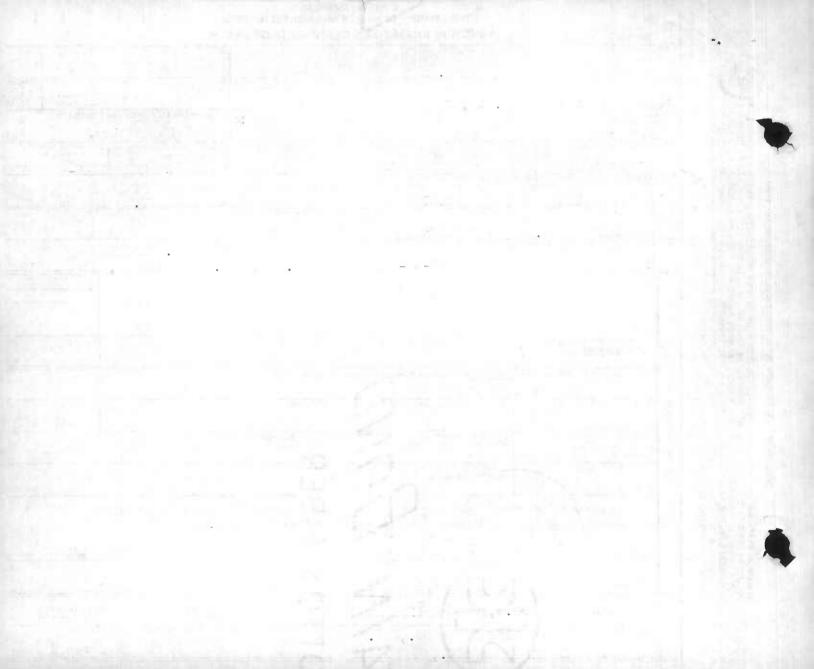
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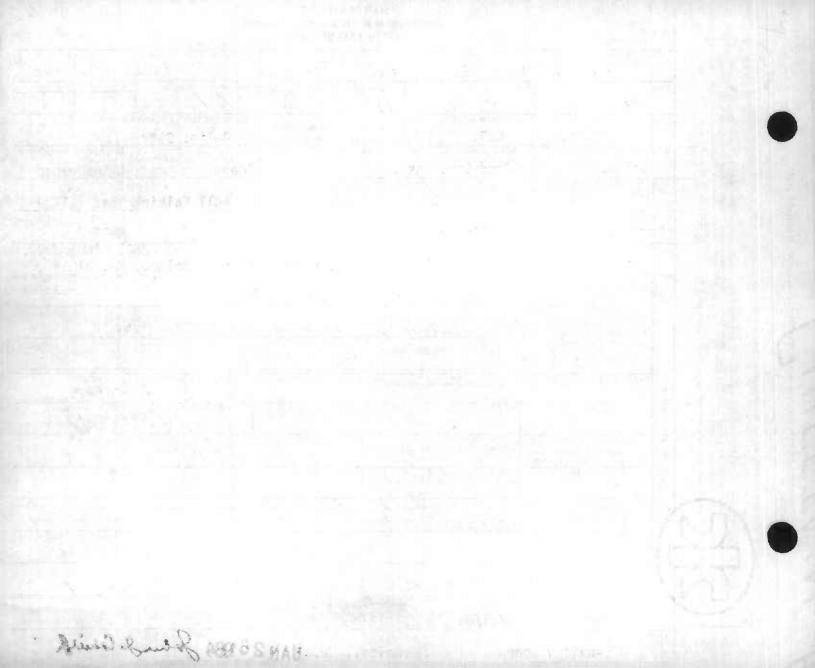
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR O. DATE KNOWN X DECEASED NAME 7h HOUR (TYPE OR PRINT) 3 1984 Glasner DEATH MATED Robert 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY) PRONOUNCED 5:10A 184 DEAD MALE JAN. 10,1943 4 40 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN COUNTRY DIVORCED Baltimore City, WIDOWED [ MARYLAND 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Baltimore 2631 Cross Country Blvd. SOCIAL WORKER SELE-EMPLOYED USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 4136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MASSACHUSETTS YES . NO [ BOSTON 37 ANDERSON ST 15. MOTHER'S MAIDEN NAME MIDDLE LAST GLASNER PHILIP DOROTHY WARANCH MAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17. INFORMANT PHILIP J. GLASNER E LIE YES GIVE WAR OR DATEST 217-40-4475 110 W. 39th St. BALTIMORE, MD IB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease MMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) Diabetes mellitus 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOX 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR INDERLYING OR CONTRIBUTING CAUSE OF DEATH 21s PLACE OF INJURY JATHOME THE LOCATION 21d. INJURY OCCURRED AT WORK NOT WHILE STREET PAGEORS, SAME FILL CITY OF TOWN STATE Inspection 17a. I certify that I book charge of the remains withed irbown held of Undetermined manner death resulted from Homicide TITLE (SPECIFY) ACTUAL M Deputy ChiefMEDICAL EXAMINER 1/3/84 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto. MD. (TYPE OR PRINT) 236.BURIAL CREMATION, REMOVAL 236 DATE (SPECIFY BURIAL JAN. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION JAN.4,1984 CHIZUK AMUNO BALTIMORE MARYLAND 24. FUNERAL DIRECTOR 258. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE SOL LEVINSON & BROS. INC. **DHMH - 17** (VR A15 ME (51) 6010 REISTERSTOWN RD BALTO, MD 21215

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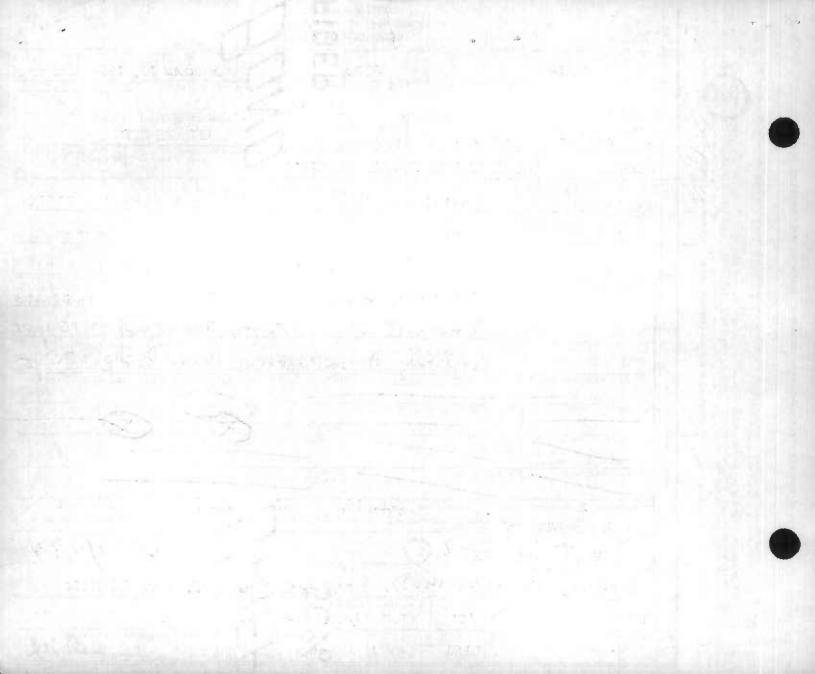




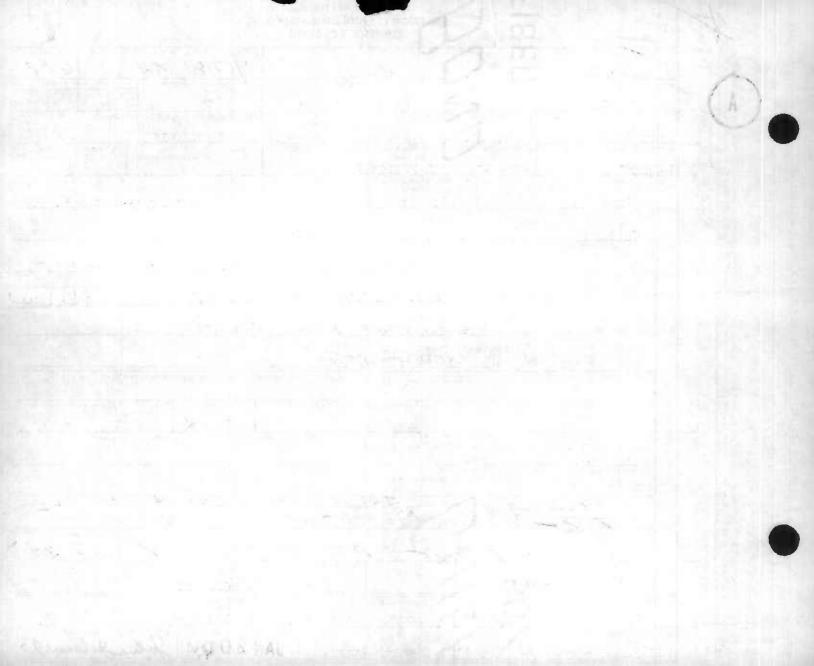
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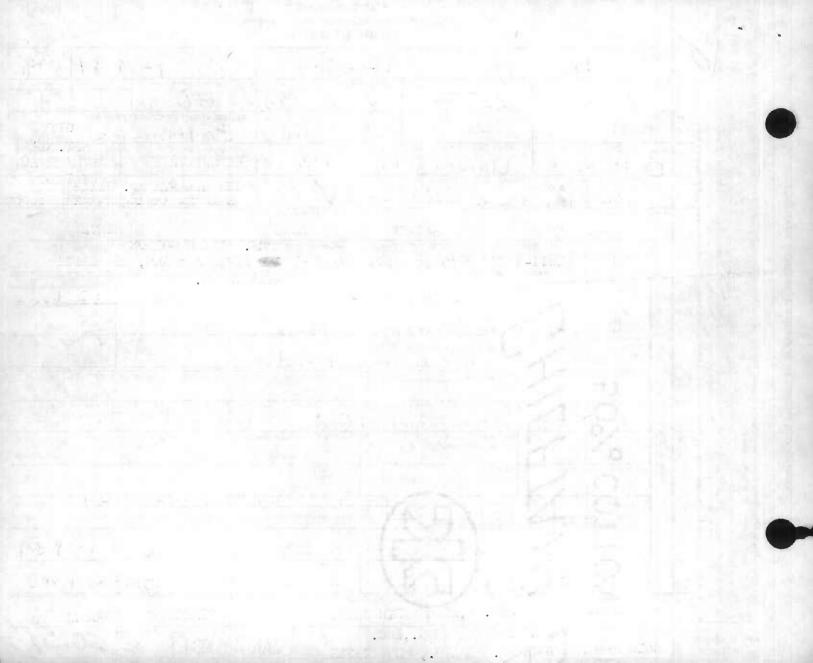
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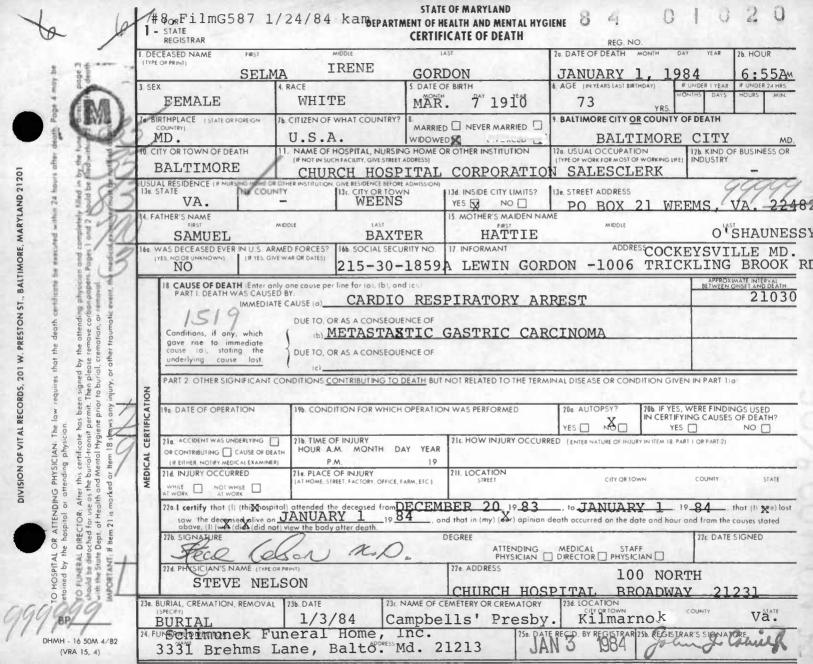


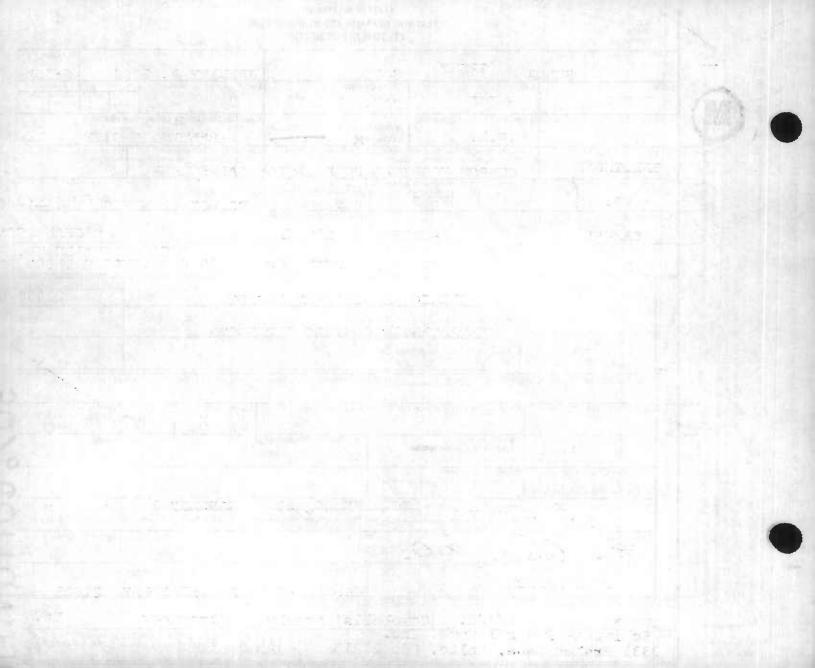
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO . DECEASED NAME 20 DATE OF DEATH 26 HOUR DR. YALE GORDON JANUARY 23. 1984 4 RACE 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY NOV. 14. MALE WHITE 76 RIRTHPLACE I STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MARYLAND USA BALTIMORE CITY WIDOWERX 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g, USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) REAL ESTATE JOHNS HOPKINS HOSPITAL DEVELOPER BALTIMORE USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI APT, 6C 136. COUNTY 130 STREET ADDRESS / ZIP CODE 100 W.UNIV. PKWY. 13c. CITY OR TOWN BALTIMORE 21210 MARYLAND YES IXIX NOF 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME IDA FANNIE **FARBER** DAV ID LOUIS GORDON RAYMONDESGORDON 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT MR. (IF YES, GIVE WAR OR DATES) 340 OLD TRAIL BALTO., MD 21212 265-28-2113 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY House CARDIAC IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOV NO [

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230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 236. DATE JAN.25,1984

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226 SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY OHEB SHALOM MEM. PARK

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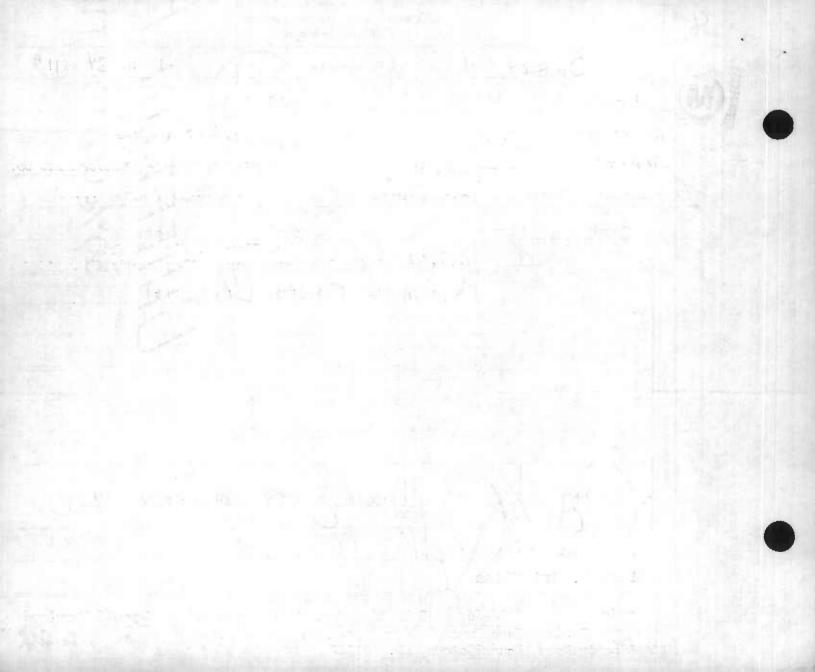
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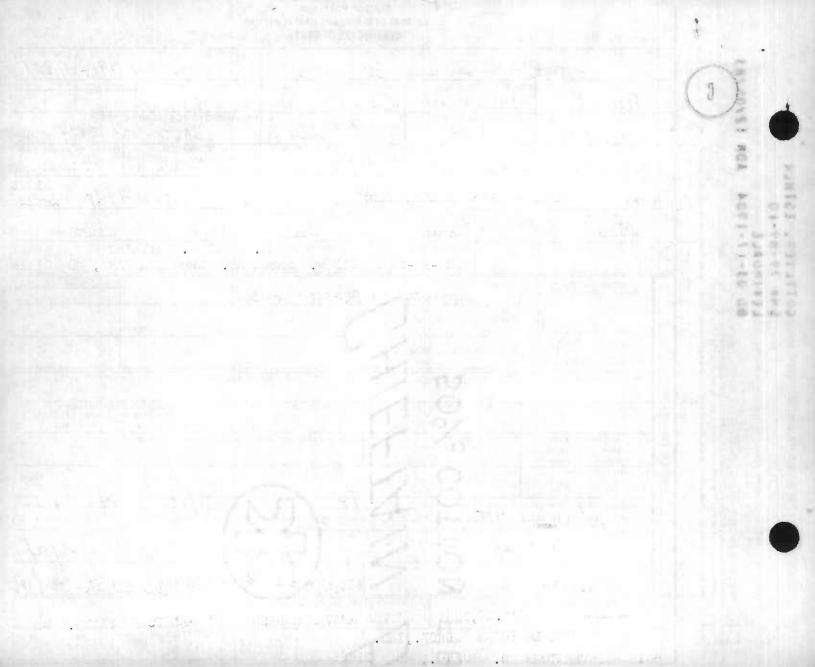
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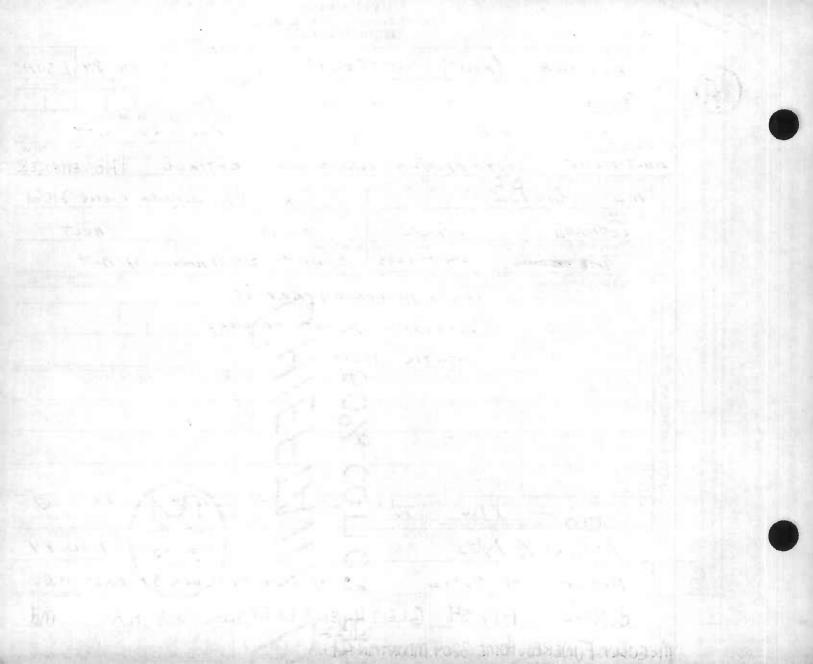
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	1		NO	329-	-18-9245	213 W.	MEADOW F	D. BROC	JKLYN P.	ARK, MD	
れた			18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	r only one cause per line far (a),	(b), and (c).)	20.		0		BETWEEN ONE	SET AND DEATH
even				DIATE CAUSE (0) META	STATIC	BREAST	CANCE				
Pic e		100	1747	DUE TO, OR AS A CON	ISEQUENCE OF					- Po	
troume			Conditions, if ony, which		.5.002,1.62 01					1 3-0	
r tro			gove rise to immediate							111/111	
othe		M.	couse (a), stating the underlying cause last	I DUE TO, OR AS A CON	ISEQUENCE OF						
,			PART 2 OTHER SIGNIFICAN	NT CONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT PELATED TO	THE TERMINAL I	DISEASE OR CON	IDITION GIVEN	J IN PART 1 to	
jury		Z	TAKE 2 OTHER SIGNATURE	Tr COMPINONS COMMISSION	O TO DEATH BO	TO THE ENTED TO	7772 72737777777	JOERGE ON GOV		, ,	
ony ir	7	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORM	ED 200	AUTOPSY?	20b. IF YES, V	WERE FINDING	S USED
WS D	4	FIC								NG CAUSES OF	
sho	4	ERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		71r HOW IN ILLE	RY OCCURRED (	S NO	YES		NO [
00			OR CONTRIBUTING CAUSE OF		H DAY YEAR		() OCCORRED ()	MIER MAIORE OF 1143C	NI HALIEM IO LAN	TON PARTS	
Hem	7	CA	(IF EITHER NOTIFY MEDICAL EXAM		19						
000		MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	OFFICE FARM ETC )	211 LOCATION STREET		CITY OR TO	OWN	COUNTY	STATE
	-	~	WHILE NOT WHILE AT WORK			0				-1	
morked		4	22a.1 certify that @ (this he	aspital) attended the deceased	from	Mr.	19_83_,1	1/2	. 19	the	ot 🐒 (we) lost
			saw the deceased alive	an I view the body after death	19_14.0	nd that in ( (ou	ir) opinion deoth	occurred an the d	ate and haur a	ind from the cou	uses stated
ea			22b. SIGNATURE	O -		DEGREE			,	22c. DATE SK	GNED /
+			(	Herlin		MY ATTE	ENDING ME	DICAL STA	FF	1/4	10/81
WPORTANT	1		22d. PHYSICIAN'S NAME (TO	YPE OR PRINT)		22 ADDRESS	SICIAN DIR	CTOR   PHYSI	LIANID	1/	1 7
	/		Gerleit	A 0. Ku		1.50 100 1070	- UrBRI	and local.	well a	estel.	Hoen -11
-	1	_	MINELLI		1	DEVINOPED	a Holow	UOINI	31110 0	Chatch +.	Juli lear
		23a. E	URIAL, CREMATION, REMOV	VAL 236 DATE TAN 27 1004		CEMETERY OR CRE		LOCATION CITY OR TOWN		COUNTY	STATE
-				JAN.27,1984		A AHAVAS		RANDAL		BALTO.	MD
4/82		24 FI	NERAL DIRECTOR SOL	LEVINSON & BRO	OS., INC.		25a. DATE REC	D. BY REGISTRAR	25b. REGISTRA	R'S SIGNATUR	E of
)		6	010 REISTERST	OWN RD. BALTO	MD	21215	FED .	1954		The Light	may
		-	THE RESIDENCE OF THE PARTY OF T		THE PARTY NAMED IN COLUMN						



3/5	1	FOR STATE REGISTRAR		DEPARTA	MENT OF HI	OF MARYLAN EALTH AND MI CATE OF DE	ENTAL HYGI	ENE REG. No	0	1 0	2 4
oy be	(TYPI	CEASED NAME FIRST OR PRINT) MELUINA	(NI	nw)	GOT	TLEIL			MONTH	YEAR  4 84  IF UNDER 1 YEAR	26. HOUR  1: 50 PM  IF UNDER 24 HRS.
4 m	3. SE	FEMALE	1 RACE	HITE	5. DATE O	DAY 27	YEAR	73		MONTHS DAYS	HOURS MIN.
leath. Page		IRTHPLACE (STATE OR FOREIGN COUNTRY) M D	7b. CITIZEN OF V	WHAT COUNTRY?	MARRIED WIDOWEI	NEVER MA	ARRIED	9. BALTIMORE CITY O	_	OF DEATH	MD.
by the ty	9	ALTIMORE	SOUTH	HOSPITAL, NURSIN H FACILITY, GIVE STREET HOALT) YOU	ADDRESS)			120. USUAL OCCUPATION OF COMMON TO THE OF WORK FOR MOST COMMON TO THE PROPERTY OF THE PROPERTY	F WORKING LIF	E) INDUSTRY	F BUSINESS OR
filled in sould be	USU 130.	AL RESIDENCE (IF NURSING HOME OR 138 LOUN BLANCOUN BLENCOUN BLENCO	SURVIE	GIVE RESIDENCE BEFORE 13c. CITY OR TOW	ADMISSION)	13d. INSIDE CIT	Y LIMITS?	13. STREET ADDRESS 7900 BEA	IESCH	CIRCLE	21061
ompletely ond 2 st		LEONARD	MIDDLE	MONRO			BPHIA	WIDDLE		BE	T
Poge crecur		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN). (IF YES, GIV	E WAR OR DATES!	166. SOCIAL SECU 214-01-9	-	17. INFORMAN		3001 St Haw			MATE INTERVAL
quires that the deoth certificot ingred by the ottending physical remove corbon population, or removo mury, or other troumotic event,	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT C	DUE TO, OF	RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  A OR TI	ENCE OF COLOR	INTART ENOS	r fa	ILURE	DITION GIV	EN IN PART 10	o.
he for the format of the forma	CERTIFICATION	196 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION	N WAS PERFOR	MED	200 AUTOPSY?	IN CERTIF	S, WERE FINDIN YING CAUSES S	
VSKIAN I firing physics certificate benieb from Membal Hyg r from 18 A	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	HOUR A.	M. MONTH DA	AY YEAR	21c HOW INJE	133	ED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART 1 OR PART 2)	
TENDING Proping or although to the for use on the 1 for use on the 1 strength and 21 is marked 6	ME	WHILE NOT WHILE AT WORK  220.1 certify that (I) this hospi sow the decased olive on obove, (I (we) (Bio) (did no	(AT HOME, STR	e deceosed from	1	STREET	. 19 <u> ¥</u> 4	to, to	<i>f</i>		that (I) lost
O HOSPITAL OR A Molecular by the boar old the Could be detached to the State Dept.  ROBTANT: If here		22d. PHYSICIAN'S NAME (TYPE O	A A	25	C	22e ADDRESS	TENDING HYSICIAN	MEDICAL STA	IAN		4-84
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		1712 -84 G	NAME OF CI	METERY OR CR		123d. LOCATION CITY OR TOWN	VIE A	COUNTY	Mid.
DHMH - 16 50M 4/82 (VRA 15, 4)	24. F	UNERAL DIRECTOR COLLY FINERA	in Home	32048 1110	UNTAI	1132-	250 DATE	REC'D BY REGISTRAR	25b. REGIST	RAR'S SIGNAT	ure will



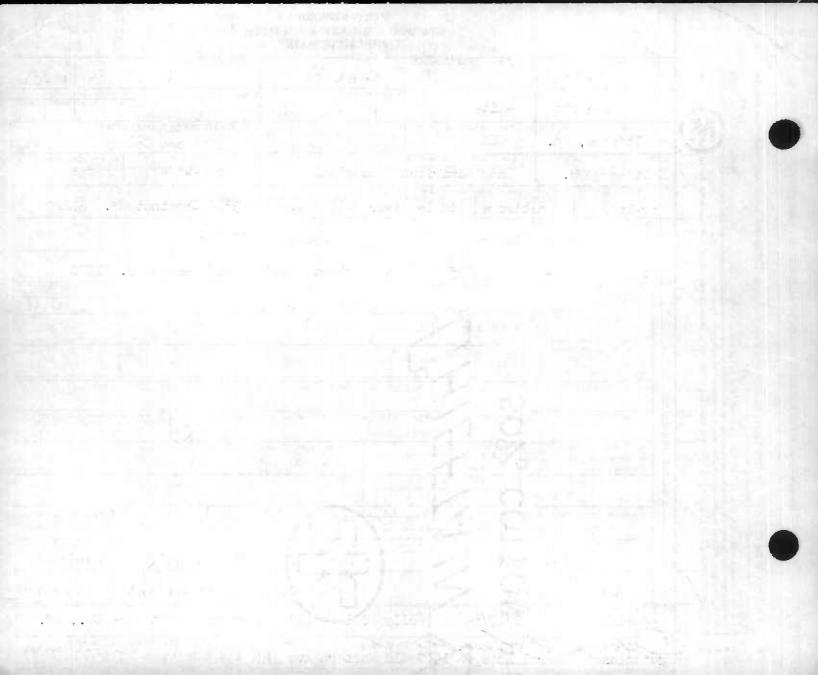
X	1.	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	1025
3 24 00		CEASED NAME FIRST BETTY	MIDDLE	GRAMS	JANUARY 14	PH 1984 8.35 AM
e 4 may	3. SE	x Female	A RACE White	5. DATE OF BIRTH  April 27, 1930 FEAR	6. AGE (IN YEARS LAST BIRTHDAY)  53  YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
W Pog	M	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore CITY OR COUN	TY OF DEATH
offer de	10. C	Baltimore	LIE NOT IN SUCH EACH TIM GIVE STREET	IG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR
within 24 hour lefely filled in It id 2 should be f	130.	aryland 136. COUNTY ATTER'S NAME FIRST	Baltimo	N 13d. INSIDE CITY LIMITS?  NE YES NO □  15. MOTHER'S MAIDEN NA	AME	St. Balto Md. 212
ond comple Poges, Tând		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECULE WAR OR DATES) 213-26-1	RITY NO. 17 INFORMANT	ADDRESS  B. Grams. Same as	Jones
equires that the death certificate is signed by the attending physic. Then please remove carbon pape to burial, cremotion, or removal. Injury, or other traumotic event, the contract of the c	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DBY: (E CAUSE (b) A CUTE  DUE TO, OR AS A CONSEQUI  (b) INARA CA  DUE TO, OR AS A CONSEQUI  (c) RUPAUA  CONDITIONS CONTRIBUTING TO I	NCE OF HEMOR	AYAGE.	
The low re- icion.  It has been ist permit. The giene prior shows ony in	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
SICIAN: ng phys certifico riol-troi entol Hy hem 18	MEDICAL CER	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER	HOUR A.M. MONTH DA	216 HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM )	8 PART I OR PART 2)
DING PHY or ottendid After this e as the bu oith and M marked or	MED	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC ) STREET	CITY OR TOWN	COUNTY STATE
by the hospital by the hospital ERAL DIRECTOR. E detached for us State Dept. of He ANT: If hem 21 is		sow the deceosed alive an above, (I) (we) (did) (did no 222) SIGNATURE  OUT OF THE STATE OF THE	1) view the body ofter deoth.	DEGREE  ATTENDING PHYSICIAN  22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOS retained TO FUN should be with the	23a. I	BURIAL, CREMATION, REMOVAL SPECIFY BURIAL	17 1001 11	NAME OF CEMETERY OR CREMATORY	1. Psc Pisce  13. LOCATION CITY OR JOWN Baltimore.	COUNTY STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 F		Home, 130 & 1900 th		TE REC'D. BY REGISTRAR 25b. REGI	STRAR'S SIGNATURE

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(VRA 15, 4)

STATE OF MARYLAND



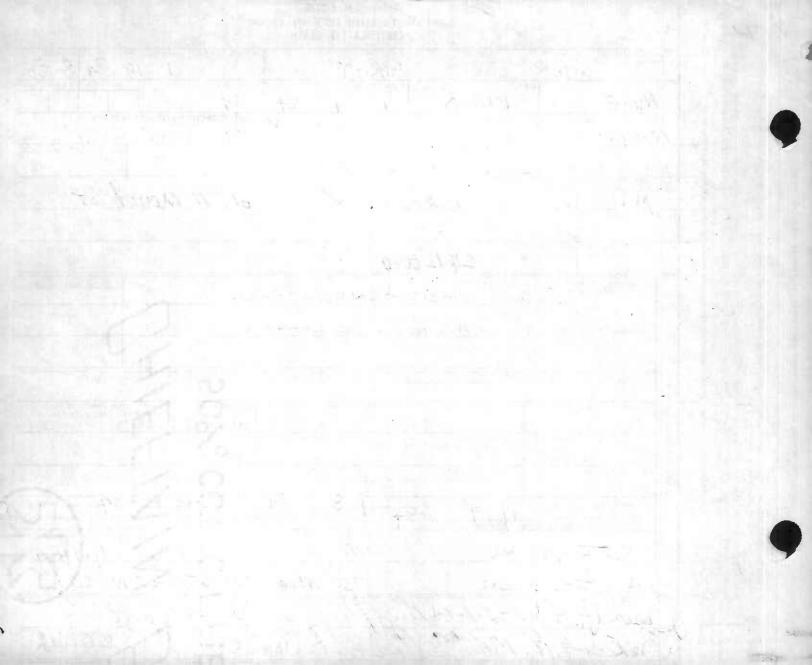
8	1	FOR	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG	SIENE 8 4 0 1 0 2 /
	'	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.
a ( 1 4 )		CEASED NAME FIRST	IAM B.	GRAVES	JANUARY 11/84 1 PN
e 4 moy	3. SE	MALE	1. RACE PSLACK	5. DATE OF BIRTH	AGE (IN YEARS LAST BIRTHDAY)  IF UN  MONTHS DAYS HOURS MIN.  YRS.
deoth. Page		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore, City  Maltimore, City
offer de	10 C	TY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 126 KIND OF BUSINESS OF (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY J.E. Smit
24 hours	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	NTY 13c. CITY OR TOW		130-SIREET ADDRESS / ZIP CODE St, 21229
within one 2 th	14. F/	THER'S NAME Charles	MIDDLE Gambrill	Is MOTHER'S MAIDEN NA Dorothy	ME Gambrill LAST
e execute  Poger  med co		VAS DECEASED EVER IN U.S. AL	RMED FORCES? 166. SOCIAL SECU VE WAR OR DATES) 215-46-		ADDRESS ells 542 S. Paca St. 21230
equires that the death is agreed by the attend. Then please remove co to burial, cremotion, o injury, or other traumotining.	NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	VINAL DISEASE OR CONDITION GIVEN IN PART LINE WITTER TO SUSCITATION
The law ricion. te has bee is permit. sit permit.	CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	0	200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO PORT NO PART 2:
DING PHYSICIAN: The or attending physicial After this certificate e as the buriot-transit alth and Mental Hygis morked or tem 18 sterm	MEDICAL CI	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	HOUR A.M. MONTH DA	AY YEAR 19 211. LOCATION	CITY OR TOWN COUNTY STATE
DR ATTENDING hospital or or JIRECTOR: Afte ched for use as ept. of Health them 21 is mort		220.1 certify that (1) (this hosp	oital) attended the deceosed from	DEGREE ATTENDING	death accurred an the date and have and from the causes stated    22c. DATE SIGNED
TO HOSPITAL or retoined by the TO FUNERAL Is should be detoined by the State I I IMPORTANT; If		BERNARDO	D. SMYAND	PHYSICIAN  224. ADDRESS  BFN S GC	MRS HOSPITAL - 2000 W. BAL BALTO, MA
	23a.	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY rbutus Mem. Pk.	236 LOCATION CITY OR TOWN Arbutus Balto. MD.
BP	24 5	BurlaL UNERAL DIRECTOR	1-10-04 A.		TE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
DHMH - 16 50M 4/83			SPA 1300 Euta		TN 7 0 1984 John & Carrel

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STATE OF MARYLAND

Tradition 28/8/2 Patricia Salena, M.D. 1-13-8 

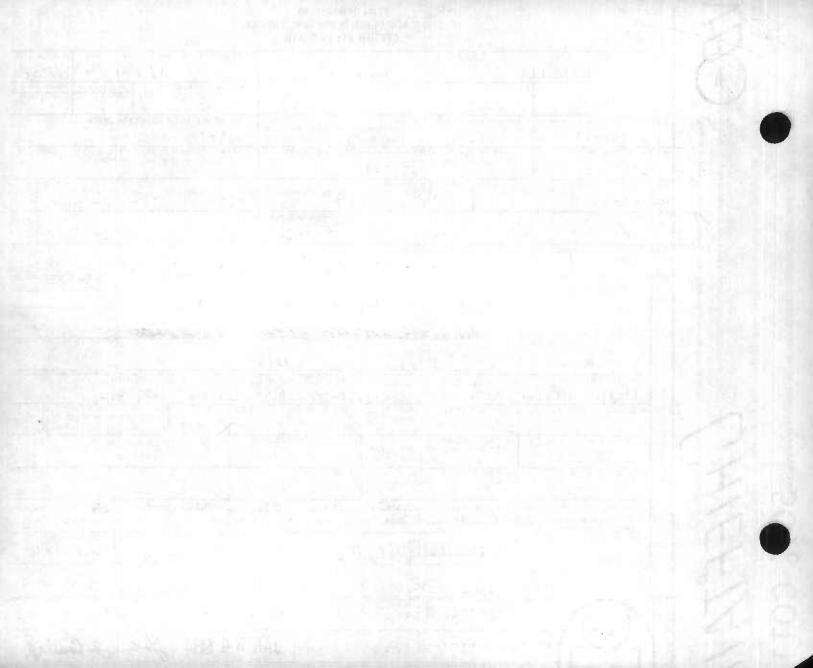
25	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND CERTIFICATE OF	MENTAL HYGIE	REG. NO	0 1	1) 6	4 3
poge 3		CEASED NAME FIRST FOR PRINT)  MYER  X	MIDDLE	GRAY  S. DATE OF BIRTH		20. DATE OF DEATH	MONTH DAY	84 8	HOUR BIOD UNDER 2 HRS
Page 4 m director, p hours offer	A STATE OF THE STA	MALE	BIACK 76 CITIZEN OF WHAT COUNTRY?	MONTH DAY	124	59 BALTIMORE CITY O	YRS.		DURS MIP
e funeral of within 72 h	1	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		R MARRIED 'M'	BALTIM 120 USUAL OCCUPATION	ORE C	LATY b. KIND OF B	I ISINIESS (
Parkie du la contraction de la	B	ALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET,	HOSPITA	1	TYPE OF WORK FOR MOST O	F WORKING LIFE) IN	IDUSTRY	03114E33
The state of the s	13a. :	STATE 136. COUN		13d. INSIDE	NO [	3. STREET ADDRESS	MOUNT	1054	17
completely and 2 s			MIDDLE LAST		R'S MAIDEN NAM FIRST	MIDDLE		LAST	4
be execu-		VAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SECU 218-12-0	040 17. INFOR	MANT	ADDRE	SS		
equires that the death cer in signed by the attending Then please remove carbo to burial, cremotion, ar re injury, or other traumatic e	z	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE  (c)  OND IT IONS CONTRIBUTING TO E	NCE OF	LARY N		DITION GIVEN IN	N PART 1(a)	
low r	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERI	FORMED	20a AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	CAUSES OF	USED DEATH?
SICIAN: T ag physici certificate riol-transi ental Hygi		21a, ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR		D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 C	DR PART 2)	
DING PHY: or offending After this e as the bu olth and M marked os.	MEDICAL	21d. INJURY OCCURRED  WHILE ONT WHILE OF AT WORK	210. PLACE OF INJURY (1AT HOME STREET, FACTORY, OFFICE, F	ARM ETC ) 21f. LOCA STR	TION	CITY OR FO	WN C	OUNTY	STATE
R ATTENI hospital RECTOR: hed for us spt. of He tem 21 is		22a. I certify that (1) (this haspit saw the deceased alive an abave, (1) (we) (did) (did nat 22b. SIGNATURE	tal) attended the deceased fram	, and that in (m	y) (aur) apinian de	eath accurred on the do			
by the ERAL D ERAL D e detoc Stote D INT: # 1		224. PHYSICIAN'S NAME (TYPE O	R PRINT)	220 ADDR	ESS	MEDICAL STAF		1/19	84
Of Of Management	136	MINISTER STATE OF ALL	23b DATE 71/-84 23c. 1	730	ASIFFUE	TON ST.	BALTIN	11) 212	STATE
BP DHMH - 16 50M 4/B2	1	DALENAL DIRECTO	13.48 ASORESSY	Ja / Ten	25a. DATE	REC'D. BY REGISTRAR	25) DEGISTRAR'S	SIGNATURE	



/	5	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO	01030
			CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26 HOUR
2 4			Bytha	lese	GREEN		8 84 7 A M
10	10	3. SE	x: J.	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS MIN.
1 1	(1)	E	emale	BLACK	02 19 19	69	YRS.
2	11/		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
104	5 0//		oth CARCLINA	USA	WIDOWED DIVORCED	BALTI	MICKE CITY MO
all the	1	10 C	ITY OR TOWN OF DEATH	, (IF NOT IN SUCH FACILITY, GIVE STREE		120. USUAL OCCUPATION	F WORKING LIFE) INDUSTRY
100	1	USU	AL RESIDENCE (IF NURSING HOME OR	John L. Deat OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION)	HOMEMA	21216
2 1	146		ARYLAND) 136 COUN			13e. STREET ADDRESS	1
1	3 CA		ATHER'S NAME	bac77n	15. MOTHER'S MAIDEN NA	100	elsia Terrace
3 1	7 13			DOU GO H	SUSAR	MIDDLE	LUELLS
cute	- 4	160	HEL DINAND WAS DECEASED EVER IN U.S. AR			ADDRE	
	4/		YES, NO OR UNKNOWN) (IF YES, GIV	WAR OR DATES) 734 37	1212 Mac Meas God	M.41 000 21	707 CHELSA TERR
9	1/	-		ily one couse per line for (a), (b), a		I (Inhario) A	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
theo	none none		PART I. DEATH WAS CAUSE	DBY: Stage I		incm H	W. W. C. M.
8 1	Ar and a second		1629	E CAOSE (O)			
eoth	nove co otion, o troumo		Conditions, if ony, which	DUE TO, OR AS A CONSEQU	DENCE OF		- 19
the the	emoti moti		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	IENCE OF		
po j	ose office		underlying couse lost.	(c)			
ű.	buriol ry, or	10	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 110
edan	the state of the s	CERTIFICATION	HODM, CHE.	085			
3 0	brio y	N N	190. DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
The	shows	I I				YES NO	YES NO
IAN: physic	OF W		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		PAY YEAR 216 HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUR	IY IN ITEM 18 PART ? OR PART 2)
Sic	buriol- buriol- Mento	CAI	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M	19		
PHY		MEDICAL	214. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 21f. LOCATION STREET	CITY OR TO	WN COUNTY STATE
N P	e os the olth one morked	PC.	AT WORK NOT WHILE AT WORK		7 (1)		5.1
Z -0. 5	Heol	10		tol) ottended the deceosed from.	13 com 121 23 19 8 3	10 1410	thot (I) elost
ATT	d for		obove (li)(we) (did)(did no	hyview the body after death.	DEGREE	deoin occurred on the do	ote and hour and from the couses stated
S S S S S S S S S S S S S S S S S S S	Oched Dept.		120. SIGNATURE	100	ATTENDING	_ MEDICAL _ STAF	
ITAL by t	N det	-	THE PHYSICIAN'S NAME TYPE C	ally mo	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSIC	IAN 2 1844
HOSPI	should be determined with the Stote		AL PHISCIAN STYAME (THE	1000	am al a	L. Ile	== = = = = = = = = = = = = = = = = = =
TO HOS	should b	0.0	MENCY D	loest mi	PHC-UN	ma 1705	27) where
200		730	BURIAL, CREMATION REMOVAL	111 011 1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE
BP_		24 F	BURIAL UNERAL DIRECTOR	11.0.1	TWOAW CHURCHCEM		25b. REGISTRAR'S SIGNATURE
	50M 4/82		344414	ADDRESS ADDRESS	Bust 1	N 1 2 1081	S. O. C. S. A.

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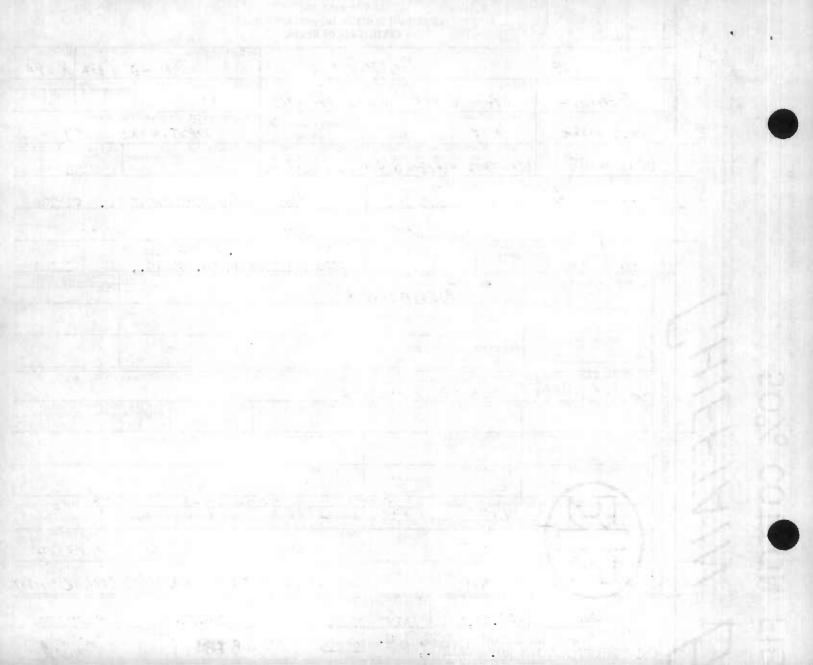
(VRA 15, 4)



/		FOR STATE REGISTRAR EASED NAME FIRST		DEPARTA		IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		3 2
(		RACHE	4 RACE	ETTER	GR IS DATE O	EEN	20. DATE OF DEATH	MONTH DAY YEAR  1 - 14 - 84  IHDAY) IF UNDER 1 YEAR	
1	1	Female	White	WHAT COUNTRY?	MONT		85	MONTHS DAY	
	C	Pennsylvania	U.S	.A.	WIDOWI	4.60	Baltimo		MD
40	,	Baltimore	St.	Agnes Hoe	ADDRESS) pital	or other institution	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWIFE	F WORKING LIFE) INDUSTR	OF BUSINESS OR Y
2	130 S ME	ryland Ba	e or other institution DUNTY 1 <b>1 timore</b>	GIVE RESIDENCE BEFORE 13c CITY OR TOW  Catonev	N	136 INSIDE CITY LIMITS? YES NO 1		rose Manor	21228 Apts.
30		THER'S NAME FIRST William	WIDDLE	Ette		15. MOTHER'S MAIDEN NAI	WIDDLE		igler
2		AS DECEASED EVER IN U.S. ES. NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU		Mre. Barbar	1822 Freder a A. Carbo	-Catonsvil	21228 10,Md.  Dalmate interval on onset and death
	TION	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	(c)	OR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR CONI	DITION GIVEN IN PART	
1	2	98 DATE OF OPERATION	196 COND	PITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTÓPSY?	20b. IF YES, WERE FIND	DINGS USED
//	CERTIFICATION	210 ACCIDENT WAS UNDERLYING	21b. TIME C			N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINE IN CERTIFYING CAUSE YES	DINGS USED ES OF DEATH?
	CAL	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE NOTIFY MEDICAL EXAM 216 INJURY OCCURRED  WHILE NOT MITTER AT WORK  AT WORK	21b. TIME C HOUR A. NERI P. 21e PLACE (AT HOME ST	DE INJURY  .M. MONTH DA  .M.  OF INJURY REE1 FACTORY, OFFICE F.	YEAR		200 AUTOPSY? YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES YES LY IN ITEM 18. PART 1 OR PART 2	DINGS USED ES OF DEATH?
a sell 2 a 3 morado de lacin		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF INFEITHER NOTIFY MEDICAL EXAM. 21d INJURY OCCURRED  WHITE AIWORK 22a. Certify that (I) (his he saw the deceased-clive above (I) (we) (did) did 22b. SIGNATURE	21b. TIME C DEATH HOUR A P. 21e PLACE (AT HOME ST.  an not I view the body	OF INJURY .M. MONTH DA .M. OF INJURY REET FACTORY, OFFICE, F.	AY YEAR 19 ARM ETC )	211. LOCATION 211 LOCATION STREET 21 19 26 that in (my four opinion of physician) ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR	20b. IF YES, WERE FINE IN CERTIFYING CALLS! YES D YIN ITEM 18. PART 1 OR PART 2: WN COUNTY  19. 19. 22c. DAT F	DINGS USED S OF DEATH? NO STATE
7	MEDICAL	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED  WHILE NOT WHITE AT WORK AT WORK SOW the deceased-clive above (I) (we) (did) did 22b. SIGNATURE  22d. PHYSICIAN'S NAME (1)	21b. TIME COME AND PRINT	OF INJURY  .M. MONTH DA  .M.  OF INJURY  REEL FACTORY, OFFICE F.  The deceased from  otter death.	AY YEAR 19 ARM ETC )	211 LOCATION STREET  211 LOCATION STREET  19  10  10  10  10  10  10  10  10  10	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR  CITY OR TOV  death accurred on the do	20b. IF YES, WERE FINE IN CERTIFYING CALLS! YES D YIN ITEM 18. PART 1 OR PART 2: WN COUNTY  19. 19. 22c. DAT F	SIATE  that (I) we last

istigacol mongo .de . cin gene assured 381 . The state of the The same of Ceduration Conguery Lercy of A. A. Samo Di. C. officies Functed Manual P.A. Team Commender Avenue, Cottoneville, Pr. 21225

00	1 -	FOR STATE REGISTRAR		DEPARTM	ENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 4 REG. N	0 1	0;	3 3
B		CEASED NAME FIRST		MIDDLE		VBERG	20. DATE OF DEATH	N. 23		8:58A M
Page 4 m director, po hours after	3. SE:	FEMME	4. RACE	UBIAN	S. DATE C	DAY 1 YEAR	6. AGE (IN YEARS LAST BIR	YRS.	HS DAYS F	FUNDER 24 HRS
Cost 127 H	(	RTHPLACE (STATE OR FOREIGN COUNTRY)  BANTIMORE	ns	WHAT COUNTRY?	WIDOWE		9. BALTIMORE CITY O	R COUNTY OF	DEATH	/ MD
6 05 04/		ANTI MUNT	SVINTA	HEBREN	GERI/	TRIC HOWITM	120. USUAL OCCUPATION OF WORK FOR MOST ON NONE		12b. KIND OF I INDUSTRY NONE	BUSINESS OR
filled in by the hould be filled.	130. 5	VARY LAW SAL	TIME	13c. CITY OR TOWN BALTIMO	N	134. INSIDE CITY LIMITS? YES NOXXX	130. STREET ADDRESS 3305 NORTH	IBROOK F	RD. #2	1208
completely and 2 sh	14. FA	THER'S NAME FIRST SAMUEL	WIDOLE	GREENBER	kG	15. MOTHER'S MAIDEN NA FIRST MARY	WIODIE		YLIN	
on and co		VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, G NO	RMED FORCES?	6. SOCIAL SECU	RITY NO.	17. INFORMANT  3305 NORTHI	MRS. HELEN BROOK RD. BA		1D 2	21208
srtificate g physicic an paper: emaval.		18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	nly ane cause per ED BY: TE CAUSE (a)	//.	mon	IA			APPROXIMA BETWEEN ON	TE INTERVAL SET AND DEATH
ING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours or attending physician and completely filled in by After this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled in by the and Mental Hygiene prior to burial, cremation, or removal.	>	Conditions, if any, which	DUE TO, O	r as a conseque	NCE OF					
by the state of th		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE	NCE OF					
equires the signed Then plec	NOI	PART 2. OTHER SIGNIFICANT	7	1 1 - 7	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 1(a)	
: The law resision. Sie has been sit permit. I ygiene prior shows any i	CERTIFICATION	19a. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES	G CAUSES O	S USED F DEATH? NO [
PHYSICIAN: The is rending physicion. this certificate has the buriol-transit per ad Mental Hygiene double of the price of a cultural shows.		21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF OR  (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.		Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	OR PART 2)	
DING PHYSKIAN. or aftending phys After this certifica te as the burial-tro colt and Mental th marked or, Negr. J.	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC )	211. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
TTEN TOR for us of He		22a. I certify that (this hasp saw the deceased alive a abave, (**)(we) (did) (did)	1/73	19_4	847.01	d that in ( ) (aur) apinion	death accurred on the de	, 19_ ate and haur an	/	uses stated
0 . 0 40		22b. SIGNATURE	olen	one deam.		DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAI	FF	221. DAJE SIG	IST4
TO HOSPITAL of retained by the TO FUNERAL Established by the With the State EMPRORTANT: If		22d PHYSICIAN'S NAME (TYPE	- 1	'n		LEVINAVE A	HEBREN GEN	195	CENTER	e - Hos
PP	23a E	URIAL, CREMATION, REMOVA	JAN 22			EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN BALTIM		MARYI	STATE LAND
DHMH - 16 50M 4/82 (VRA 15, 4)		NERAL DIRECTOR SOL I	EVINSON	& BROS	INC.		2 6 1964	25 REGISTRAR	SSIGNATUR	ird

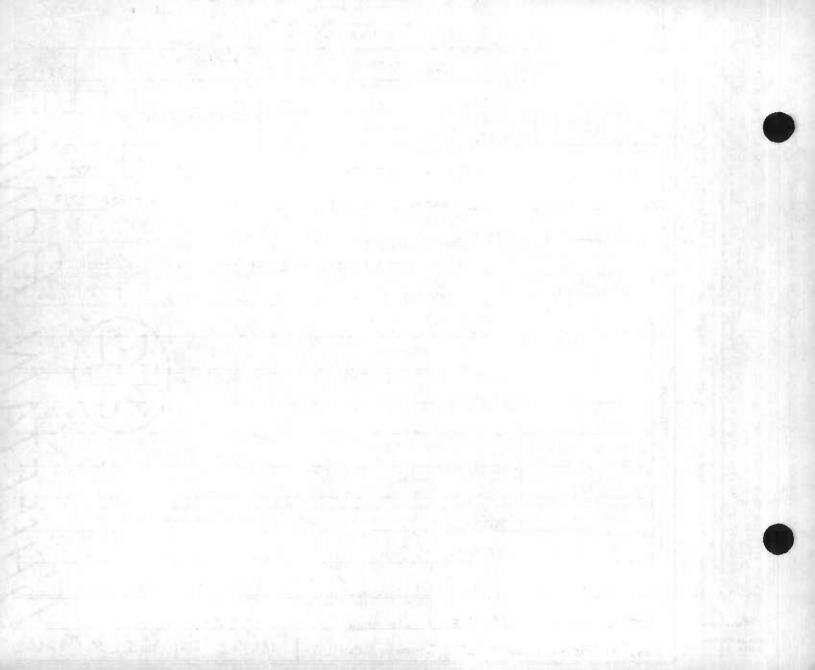


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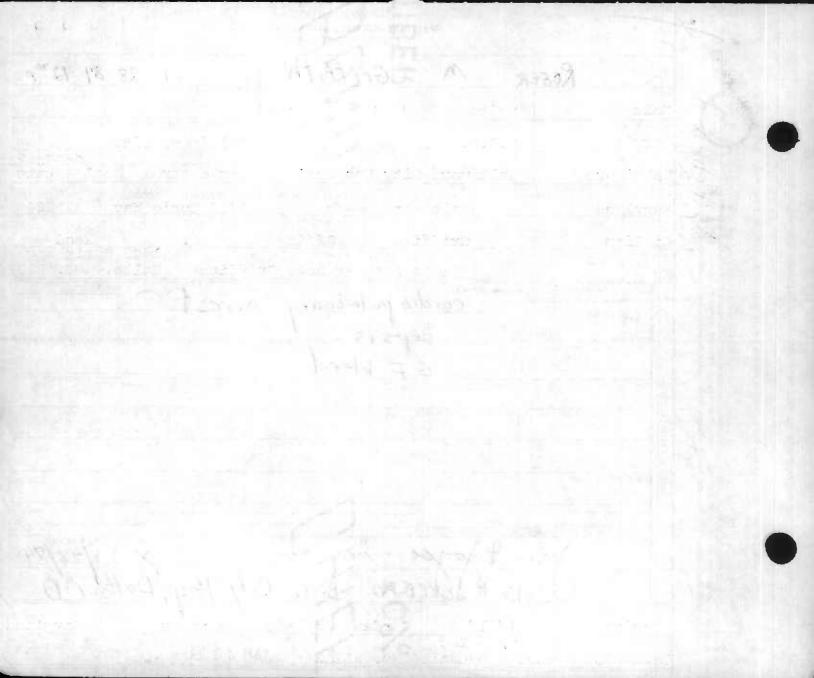
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STATE OF MARYLAND

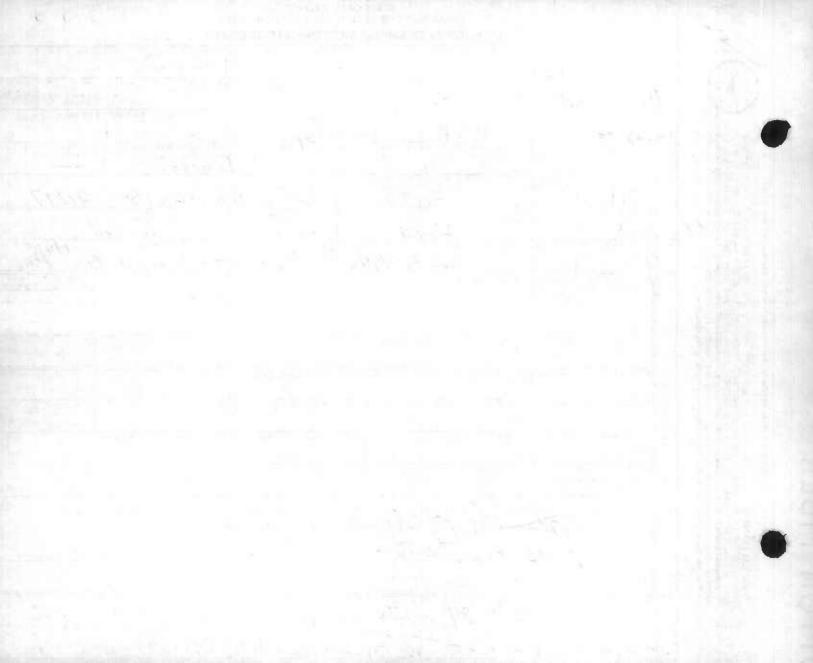
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND



1		FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 4	3 6
8.		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
12		CEASED NAME FIRST	OF ESTI-	DAY YEAR 25. HOUR
3345	D. SEX		rence Griffin DEATH MATED 1	28 19 84 M
	1	M BIK	MONTH DAY YEAR LAST BURTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED DEAD 1	28 1984 10:46
NECESS S. FOR WITH WITH	100	THELACE (STATE OR COUNTRY)	75. CITIZEN OF WHAT COUNTRY?  WIDOWED NEVER MARRIED ON BALTIMORE CITY OF COUNTY  WIDOWED DIVORCED BALTIMORE CITY OF COUNTY	
SE S	19 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION (TYPE OF WORK 12)  FOR MOST OF WORKING (IFE)	OR INDUSTRY
ADA TO	4	Baltimore	2108 McCulloh Street laborer	
ANN D AND 3 AND 3 AND 3	IJa S	TATE 13b COU	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) INTY  13c. CITY OR TOWN 13d. INSIDE (ITY LIMITS? YES NO 1208 MECLIFICAL ST  YES NO 1208 MECLIFICAL ST	21217
M 1 2 3 3 2 3 2 3 2 3 2 3 3 2 3 3 3 3 3 3	4.1	THER'S NAME	MIDDLE LAST / IS. MOTHER'S MAIDEN NAME FRST MIDDLE	LAST
# 48.44 F	r.F.	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	NY
BALTIMORE BES AFTER DEA GIVE PAGES WITH FORM P PAGES AN DIVISION DE	17	OR UNKNOWN) [IF YES, GIV	VEZ-30-7940 Jane Payne 7144 Crittenden St K	119 Pa.
# 8 × 0	(	PART I DEATH WAS CAUS	only one couse per line for (o), (b), and (c).)  SED BY: Hypertensive & arteriosclerotic cardiovascular di	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST ITHIN 24 HO CIL IN ITEM ALM ST PERMAN AL HYGIER REMOVAL		4029	DUE TO, OR AS A CONSEQUENCE OF	
WITH WITH WER RANS	33	Conditions, if any, whice gave rise to immediate	te / (b)	
201 W. PRE UTED WITH! IN PENCIL I IN ATAL TRANS O MENTAL P ON, OR REA		cause (p.) stating the <u>unde</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
L RECORDS, 201 W. PRESTOLID BE EXECUTED WITHIN 24-PRODING" IN PENCIL IN IT PENDING" IN PENCIL IN IT PENDING" IN PENCIL EXAMINER ALC PAS A BURIAL - REANSIT PETATH AND MENTAL HYGOLIL CREMATION, OR REMOVIL	7	PART 2 OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
RECC LD BE PEND MED MED ASIT CRE	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
HAUD HOUD HE A LUSED.	IFIC			YES NOW
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD ROED TO THE CHIE RE 3 SHOULD BE USE E DEPARTMENT OF HE COL PRICE OF THE CHIEVE	AL CERT	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2	
AISIO ING ING PPICO PPICO PPICO PPICO	MEDICAL	21d INJURY OCCURRED	218 PLACE OF INJURY (ATHOME, 21f. LOCATION	
TAAAET	×	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNT	Y STATE
TO MEDICAL EXAMINER: THIS CERTIFICAL EXECUTE THE CERTIFICATE, WRITING THE PAGE 4 SHOUD BE FORWARDED TO THE TO FUNERAL DIRECTOR: PAGE 3 SHOUD AFFER DEATH, WITH THE STATE DEARWARDED BALTIMORE, MARYLAND, 21201 PRICE	Ų.	220. I certify that I took char	rge of the remains a cribed above, held on Autopsy , Inspection X, Inquiry , and in my opinion	an
EXAM CERTIF DIREC WITH WARYI		ACTUAL OT	TITLE (SPECIFY)	7 (00 (0)
SEATH STATE	/	SIGNATURE	Deputy Chief MEDICAL EXAMINER DATE SIGNED.	1/29/84
MECUTE THE THE THE THE THE THE THE THE THE T		EXAMINER'S NAME Tho	omas D. Smith, M.D. ADDRESS 111 Penn St. Balto, M	1d.
BP	23a. B	JRIAL, CREMATION, REMOVAL	236. DATE 2/84 236. NAME OF CEMETERY OR CREMATORY PROTOWN PROSTOWN PROSTOWN	STATE
DHMH - 17	24 FI	INERAL DIRECTOR	ADDRESS 2222 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIG	VATURE.
(VR A15 ME (5))	1	o segue L	M Moun delle of Boar le	7



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR Louise MAMIE GRIMES JANUARY 20, 1984 3 SEX 4 RACE 5 DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY HOURS Female Caucasian December 1, 1911 70 BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland United States WIDOWED DIVORCED [ BALTIMORE CITY 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 128 USUAL OCCUPATION 128 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY U.S. (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Labratory Assistant Government BALTIMORE THE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE AGMISSIO 136 COUNTY 136 CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE Frederick Maryland Keymar 11419 Hill Road Zip:21757 NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE Harry Butt Lavinia Baker 17 INFORMANT (Son) 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 2323 Oak Drive 166 SOCIAL SECURITY NO PRESTON'ST BALTIME 212-38-2802 Pearl A. Grimes Jr., Ijamsville, MD 21754 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY: Failure Ventricular IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF 3 mas oft Ventricular Conditions, if ony, which gave rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIQ CERTIFICATION JACHYCARDIA 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20a AUTOPSY 206. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? Recurrent V. TACH-120183 Med 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M CLO 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) WHILE NOT WHILE 22a. I certify that (I) (this haspital) attended the deceased from ond that in (my) (aur) apinian death accurred on the date and hour and fram the causes stated saw the deceased alive an abave, (1) (we) (did) (did not) view the bady after death 226. SIGNATURE DEGREE 22c DATE SIGNED ERAL BAS PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRES N. Wolfe St. Balto. Md. FUNE Arrone MD ිශී 23a. BURIAL, CREMATION, REMOVAL 236. DATEJanuary 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 24, 1984 Rockville Burial Rockville Cemetery Montgomery Maryland Robert A. Pumphrey Funeral Homes, 250 DATE RECD BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 P.A. NAME 300 W. Montgomery Avenue, Rockville, MD JAN (VRA 15, 4)

THE PARTY STATES AND STREET THE PARTY OF THE ( ) 59149

65	FOR		DEPAI	STATE OF MARYI		E 8 9	0 1	0 3 8
	- STATE REGISTRAR			CERTIFICATE OF	DEATH	REG. NO	0.	
3 137	I. DECEASED NAM (TYPE OR PRINT)	E Char	ES MIDDLE	GYO.	35		1-31-8	YEAR 26. HOUR
6 4 moy	3. SEX	1)	RACE B.	5. DATE OF BIRTH	YEAR 1936	AGE (IN YEARS LAST BIR	THDAY) IF UNDE	DAYS HOURS MIN.
Froi die	7a. BIRTHPLACE COUNTRY)	1	CITIZEN OF WHAT COUNTR	Y? 8 MARRIED   NEVER	MARRIED .	BALTIMORE CITY O	R COUNTY OF DE	ATH
of the function of the functio	10 CITY OR TOWN	OF DEATH	1. NAME OF HOSPITAL, NUR	SING HOME OR OTHER IN		B. USUAL OCCUPATE  TYPE OF WORK FOR MOST O		KIND OF BUSINESS OR DUSTRY
hours of lin by be file	USUAL RESIDENCE	E (IF NURSING HOME OR OT	THER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSIONS	TOSP!	ustoa	an	7928
LAND In 24 Should should	13a. STATE  14. FATHER'S NAM	and Sb. County	y Bacity or to	WN - 13d INSIDE	CITY LIMITS? 13	STREET ADDRESS		Ison Ave.
	LOV	1 LS	DDLE G LAST	ss D	e lorse		N	lorman
IMOR n and Pages	(YES, NO OR UNK	ED EVER IN U.S. ARME IOWN) (IF YES, GIVE W	ED FORCES? 166 SOCIAL SE WAR OR DATES) 212-34	1-11071	irse N	Gress . 1	575 51	mondson Ave
201 W. PRESTON ST., es that the death certificated by the attending phypicose remove carbon prurial, cremation, or remo	Conditions, gove rise couse (o) underlying	if ony, which to immediate, stating the couse lost		PULLAC AM Dupontal da DUENCROF OLSTA	mic Con attac a	Polymol Robinse OR CONI	shork !	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  WHITE  YOUR PART 110
S s s s s s s s s s s s s s s s s s s s	THE CATE OF	OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERF	ORMED	20e AUTOPSY?		E FINDINGS USED CAUSES OF DEATH?
ON OF VITAL RI IYSKCIAN: The la ding physicion. is certificate hos buriol-tronsit per Mentol Hygiene rr Item 18 shows	OR CONTRIBUT	T WAS UNDERLYING [] TING [] CAUSE OF DEATH DIFFY MEDICAL EXAMINER]	216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	NJURY OCCURRED	(ENTER NATURE OF INJUR		
IVISION O TIG PHYSICI after this cert s the buriol n and Mentr	(IF EITHER, NI 21d. INJURY WHILE AT WORK		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCAT		PITY 04 10	www co	STATE
O O E	220.1 certify	that (I) (this hospital	1) ottended the deceased from	VID/	) (our) opinion deo	th occurred on the do	- 17	, that (I) (we) lost
ched ched	22b. SIGNAT		view the body ofter deoth.	DEGREE	ATTENDING	MEDICAL STAP	22 F	C. DAJE SIGNED
HOSPI: Brined b FUNE ould be th the Si		AN'S NAME (TYPE OR PE	E ALBUERA	22e. ADDRE		Ich ST	Ball	ord will
PP	(SPECIFY)	ATION, REMOVAL	236. DATE 23 2-4-84	NAME OF CEMETERY OR	CREMATORY	23d LOCATION CITY OR TOWN	COUN	STATE .
DHMH - 16 50M 4/83 (VRA 15, 4)	BROWN	TOR	RONFITH ADDRES	13 W. Bath	ST- 250. DATE RE	6 1984	25h DEGISTRAR'S	Ghulk

South the second of the second may were you some in the contract of ERICLE ALGORE WOOM CORP PARTY OF THE WASHINGTON

	2	-	ems 18- FOR STATE	-22a 3/2	/84 1		DEPART	ST/ MENT OF		AARYLAN I AND ME				O	i	ं च	3
1		1. DE	REGISTRAR CEASED NAM	E FIRST	9	ME	MIDDLE	EXAMI	NER'S C	LAST	ATE O		DATE K	REG. NO.		DAY YEAR	2b. HOUR
1	PASE DURS DURS REET,	3. SEX	E OR PRINT)	I RACE	THER	INE FOFBIRTH	E.	TA AGE (IN )	EARS   1F UN	GROVER	IF UNDER		Or.	MATED		-8419	M 2d. HOUR
1	ON STATE	Fer	male	Cauc.	Man	. 9,	1932	51			HOURS	MIN. P	RONOUNC			-8419	11:24
40	UNERA UNERA FOR PRES	FO	RTHPLACE (S REIGN COUNTRY) Marylar	nd		J.S.A.	HAT COUN	ITRY?	MARR	ED NEV	ER MARRI	IED 🔲		more (	-	Y OF DEATH	MD
	H. IF ANY DELAY IS NECESS R. 2. AND 3 TO THE FUNERA. 9. 3. METAIN PAGE 5. FDR. YG. SHOULD BERLIED, WITH MI. 1. ARECORDS, 201 W. PRESTOR	E	ry or town Baltimo	re	{ IF	not in such FA Baltin	ore (	City H	ospit	er institut al	ION	FOR M	AL OCCUPA ost of workii Homema		OF WORK	OR INDUST	JSINESS RY
. 21201	AND 3 AND 3 RETAIN RECORE	13a. S	rate Md.	(IF IN NURSING HOM 13b. COL		INSTITUTION, GE		OR TOWN	ion)	13d. INSIDE CIT	Y LIMITS?		et addres		Aver	nue, 21	224
RE, MD.	SEST, 2, A PM 3. A PM 2. SIEVITAL	2	THER'S NAME FIRST Edwar	rd	MIDDL	Go	rdon	LAST		15. MOTHER	na na		MID	Car	lile	LAST	
ALTIMO	URS AFTER DEATH. B. GIVE PAGES 1. WITH FORM PM. IT. PAGES AND 2. DIVISION OF WITH	{YI	VAS DECEASE ES, NO, OR UNKNO NO	D EVER IN U.S. A	RMED FO	PRCES?		-60-9		Thoma:		ver,	3411	ADDRESS	st.	21224	
201 W. PRESTON ST., BALTIMORE, MD.	OLOKA,		PART I DE	F DEATH (Enter	ED BY:	Tiles.	actui	ce of								APPROXIMAT BETWEEN ONSE	E INTÉRVAL T AND DEATH
201 W. PRES	WITHIN INCIL II AINER TRANS NTAL H		gave ri	ns, if any, which se to immedia stating the under under use lost.	te /	(b)	AS A CON	SEQUENCE	OF								
	D BE EXECUTED ENDING" IN PER MEDICAL EXAM AS A BURIAL - BAITH AND MEI CREMATION, C	NO	PART 2 OTHER SI	GNIFICANT CONDITIO	NS CONTRIBU	TING TO OEATH	BUT NOT RELA	TEO TO THE TER	MINAL OISEAS	OR CONDITION	GIVEN IN PA	RT 1 (a).				1	
ITAL REC	OB#8#3 /	CERTIFICATION	19a. DATE OF	OPERATION		19b. CONDIT	ION FOR	WHICH OPE	ration w	AS PERFORM	AED?				J.Co	(HEAD'S)	NLY)
DIVISION OF VITAL RECORDS,	THE WOULD STATE		LINDEDIVING	OR CAUSE OR	F DEATH	216 TIME OF HOUR A.M P.M	MONTH	DAY YEA	n l	ject f						(2)	
DIVISI	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	MEDICAL	214 INJURY OF WHILE AT WORK	NOT WHILE AT WORK	20	21e PLACE C STREET, FACT	OF INJURY ORY, FARM, E DOME			So. H	Mighl	and A	city or low	altimo	ore,	Md.	STATE
	AINER: T			fy that I took cha	rge of the		(HEAD		Autop	sy XX,	Inspection		Inquiry [		I in my opii	nian	
X	AL EXAL HE CERT HOULD E VAL DIRE (XTH, WIT (E, MAR)	,	ACTUAL SIGNATURE,	N	Och	nte	m	e Th	سلل	TITLE (SP. ASS	ecify) Istan	t MEDIC	CAL EXAMI	NER	DATE SIGNED	1-15-8	4
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST, BALTIMORE, MARKYAND, 2		EXAMINER'S (TYPE OR PRI	NT)		arita						1 Per	n Str				
	BP511	(5	Burial	TION, REMOVAL	11	8/84	236	Inion	METERY O VIIN	1 Cem	RY	CITY O	RTOWN	lou de	Mary.	land	TATE
	DHMH - 17 (VR A15 ME (5))		NAME Seph N	Zannin	0. 20	ADDRESS					DATE F	1 3 ()	1984	25b REGIS	HAR'S SK	SNATURE	57 C

19859 . ABOUT USCES .dl. denni 1737 .come \* speed ... The state of the s

TOTAL THE PARTY OF 
9		FOR STATE REGISTRAR		CERTIF	EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO.	CTE
e 4		CEASED NAME FIRST SALVA	TORA -		SUZZO	26. DATE OF DEATH MONTH	31 84 4:20
MA	3. SEX		RACE	S DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
(IIIA)	7a 81	FEMALE RTHPLACE (STATE OR FOREIGN 7)	WHITE  CITIZEN OF WHAT COUNTR		4, 1900	83 YR  1 BALTIMORE CITY OR COUR	
130	CC	OUISIANA	U.S.A.	MARRIE	D NEVER MARRIED D	BALTIMORE	
by the fu		BALTIMORE	1. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY GME STR BALTIMORE C			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN HOMEMAKER	GLIFE) 12b. KIND OF BUSINES INDUSTRY —
filled in mind be fill	USU/ 13e S	AL RESIDENCE (IF NURSING HOME OR C TATE 13b COUNT MD.	OTHER INSTITUTION, GIVE RESIDENCE BEF Y   13c. CITY OR TO BALTI	OWN	134. INSIDE CITY LIMITS?	13. STREET ADDRESS 2889 PELHAM	1 AVE. 21213
ompletely and 2 sho	14. FA	THER'S NAME JOSEPH	CANGELOS:	I	IS MOTHER'S MAIDEN NAM FIRST ROSARIA		MAGGIO
Pages 1 tr, the me		VAS DECEASED EVER IN U.S. ARM (15, NO OR UNKNOWN) (15 YES, GIVE V			17 INFORMANT PAUL GUZZO	ADDRESS (SON) 1826	21234 CROMWOOD RD
by the attemove, cremati		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSECUTION	Ladde,	R CANCER	IN AL DISEASE OF CONDITION	
is been signed I nit. Then pleas prior to burial ws any injury,	FICATION	PART 2 OTHER SIGNIFICANT CO	196 CONDITION FOR WHI	CH OPERATIO		20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH
is been signed I nit. Then pleas prior to burial ws any injury,	AL CERTIFICATION	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEAT	196 CONDITION FOR WHIE 216, TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	N WAS PERFORMED	20a AUTOPSY? 206. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO
e has been signed I bermit. Then pleas ene prior to burial shows any injury,	MEDICAL CERTIFICATION	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICE	DAY YEAR	N WAS PERFORMED	20g AUTOPSY?  YES NO CE  YED (ENTER NATURE OF INJURY IN ITEM  CITY OR TOWN	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO
DIRECTOR: After this certificate has been signed led for use as the burial-transit permit. Then pleas ept. of Health and Mental Hygiene prior to burial fitem 21 is marked or Item 18 shows any injury,		19a DATE OF OPERATION	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21b PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE  11) ottended the deceased from View the body after death.	DAY YEAR 19 TE, FARM, ETC.)	216 HOW INJURY OCCURR 216 LOCATION STREET 19 dd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? 206. IF IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO 18, PART 1 OR PART 2)  COUNTY STAT  , 19 , that (1) (we
ECTOR: Atter this certificate has been signed least for use as the burial-transit permit. Then pleast of Health and Mental Hygiene prior to burial em 21 is marked or frem 18 shows any injury.	MEDICAL	21e ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEAT (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED  WHILE NOTIFY HEDICAL EXAMINER) 22e. I certify that (I) (this hospite sow the deceased alive on bove, (I) (we) (did) (did not) 22b. SK NATURE  22d. PHESICIAN'S NAME (TYPE OR)	196 CONDITION FOR WHICH  216 TIME OF INJURY HOUR A.M. MONTH P.M.  216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE (AT HOME)  PRINT)  PRINT)	DAY YEAR 19 TE, FARM, ETC.)	216 HOW INJURY OCCURR  216 LOCATION STREET  19  d that in (my) (our) opinion of DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	200 AUTOPSY?  YES NO NO NO TEM  CITY OR TOWN  death occurred an the date and	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO 1 18. PART 1 OR PART 2)  COUNTY STAT  COUNTY STAT  22c. DATE SIGNED  1/31/8  A V6 BALTIMAR

